CITY OF WAUKESHA, WISCONSIN

201 DELAFIELD STREET * ROOM 200 * WAUKESHA, WI 53188 * PH: (262)524-3750 * FAX: (262)524-3751

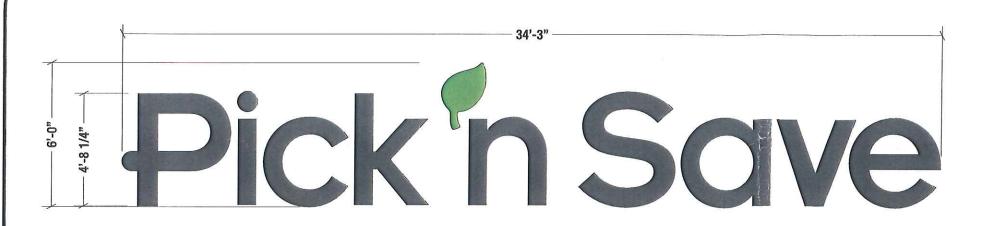
DEDMIT	NUMBER
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PERMANENT SIGN PERMIT APPLICATION

Office Use Only 1220 W Sunset Drive SITE ADDRESS: ☐ PICTURE/Drawing/Site Plan Total Number of signs applying for today: _____ Value of Sign(s) \$ ☐ FEE FEE: \$40 min. or \$1 per sq. ft. Required in full at time of submittal. FEE IS NON-REFUNDABLE. ☐ ELECTRICAL PERMIT Location of THIS sign: _ Initials: Permit copy will be mailed to this address Pick n Save Doyle Signs, Inc **Business Name:** Sign Contractor: Pick n Save Owner Name: Address: 232 W Interstate Road Addison, IL 60101 **Business Phone:** City/State/Zip: 630-543-9490 For questions call: Business Sign Contractor IF THIS IS AREA IS LEFT EMPTY, PERMIT WILL NOT BE MAILED. (MANDATORY FIELD; application will be returned if left blank.) You must submit an electrical permit signed by a licensed electrician with all illuminated sign permit applications. HAS THIS BEEN DONE? YES, Permit No. BL - - NO NOT APPLICABLE ATTACH A COLOR PHOTO, DRAWING, AND/OR SITE PLAN. Show dimensions to scale, colors, and location of sign. TYPE OF SIGN (Circle all that apply): **CHECK ONE:** New Sign ☐ Existing Sign ☐ Face Change Only Wall Door Projecting Window Roof Billboard Flat Awning Freestanding Yard Double Face Horizontal Width of Sign 34' 3" Vertical dimension of Sign 6' TOTAL Square Footage: 205.50 sq. ft. If Sign is detached or projecting, please supply: Total Height _____ Clearance: ____ Setback: _ Premise Data: Street Frontage: Building or Tenant Space Width: Other Street Frontage: PLEASE LIST ALL EXISTING SIGNAGE ON THE BACK OF THIS SHEET. By my signature, I state and agree, that I have carefully examined the completed application and do hereby certify that all information herein is true and correct, and I further certify that any and all work performed shall be done in accordance with the Ordinances of the City of Waukesha, and the Laws of the State of Wisconsin pertaining to the work described herein Date 8/4/2016 Lisa Neal Print Name OFFICE USE ONLY Zoning District: Gross sign area for premises: Area used by other signs: Approved Conditions (if any): Must submit electrical permit within 30 days of meeting or permit shall be voided. Denied Does not conform to: ☐ Architecturally compatible ☐ Avoid needless elaboration ☐ Not to face R-district ☐ Area ☐ Corner Vision ☐ Projection Consolidation of signs Distracting sign Setback Other Authorized Signature Date of Review

INCOMPLETE APPLICATIONS MAY NOT BE PROCESSED.

Review Board meets the 3rd Monday of the month at 8:15 am, DEADLINE IS THE MONDAY BEFORE THE MEETING.





ONE(1) SET OF PLEX-FACE INDIVIDUALLY MOUNTED CHANNEL LETTERS w/ L.E.D. ILLUMINATION

SCALE: 1/4"=1'

- #7328 WHITE ACRYLIC FACES W/ FIRST SURFACE PERFORATED DAY/NIGHT VINYL TO MATCH PMS 432 C
- FIRST SURFACE VINYL OVERLAY TO MATCH PMS 576 GREEN FOR LEAF
- BLACK TRIMCAP & RETURNS
- WHITE L.E.D. ILLUMINATION
- INDIVIDUALLY MOUNTED FLUSH TO BUILDING FASCIA



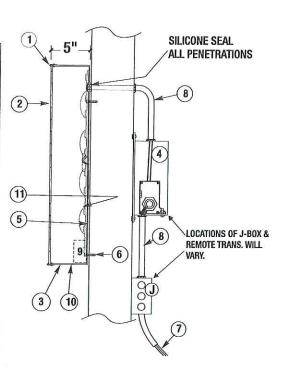
PMS 576 C GREEN



PMS 432 C GREY

LEGEND

- 1 1" TRIM CAP
- 2 3/16" ACRYLIC FACES
- 3 .040 ALUM. RETURNS (35" & UNDER) .063 ALUM. RETURNS (36" & OVER)
- 4 REMOTE TRANSFORMER, CLASS II 12V. W/ ENCLOSURE
- 5 .063 ALUMINUM BACK
- 6 MOUNTING ANCHORS
- 7 120V PRIMARY, No.12 THHN STRANDED WIRE
- 8 FLEXIBLE, W.P., CONDUIT PER LOCAL CODE
- 9 SAFETY SWITCH, PER LOCAL CODE
- 10 1/4" DRAIN HOLE
- 11 L.E.D MODULE







DATE	REVISION	

CUSTOMER APPROVAL

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The rights to this design may be purchased.

CLIENT	PICK N SAVE					
ADDRESS	1220 W SUNSET DR			Security Services		
CITY	WAUKESHA	STATE	WI	DESIGNER KM	SALESPERSON	TD
DRWG. NO.	15337	SCALE:	NOTED	DATE: 06.16.2016	SHEET NO.	2

CITY OF WAUKESHA, WISCONSIN

201 DELAFIELD STREET * ROOM 200 * WAUKESHA, WI 53188 * PH: (262)524-3750 * FAX: (262)524-3751

PERMIT NUMBER

PERMANENT SIGN PERMIT APPLICATION

Office Use Only 1220 W Sunset Drive SITE ADDRESS: ☐ PICTURE/Drawing/Site Plan Total Number of signs applying for today: _____ Value of Sign(s) \$ □ FEE FEE: \$40 min. or \$1 per sq. ft. Required in full at time of submittal. FEE IS NON-REFUNDABLE ☐ ELECTRICAL PERMIT Location of THIS sign: _ Initials: Permit copy will be mailed to this address Pick n Save Doyle Signs, Inc **Business Name:** Sign Contractor: Owner Name: Pick n Save Address: 232 W Interstate Road Addison, IL 60101 City/State/Zip: **Business Phone:** Phone: 630-543-9490 For questions call: Business Sign Contractor IF THIS IS AREA IS LEFT EMPTY, PERMIT WILL NOT BE MAILED. (MANDATORY FIELD; application will be returned if left blank.) You must submit an electrical permit signed by a licensed electrician with all illuminated sign permit applications. HAS THIS BEEN DONE? YES, Permit No. BL -____ □ NO NOT APPLICABLE ATTACH A COLOR PHOTO, DRAWING, AND/OR SITE PLAN. Show dimensions to scale, colors, and location of sign. **CHECK ONE:** TYPE OF SIGN (Circle all that apply): New Sign ☐ Existing Sign ☐ Face Change Only Wall Door Projecting Window Roof Billboard Flat Awning Freestanding Yard Double Face Horizontal Width of Sign 10' 9" Vertical dimension of Sign 10' 11" TOTAL Square Footage: 117 If Sign is detached or projecting, please supply: Total Height _____ Clearance:____ Setback: Premise Data: Street Frontage: Building or Tenant Space Width: Other Street Frontage:_ PLEASE LIST ALL EXISTING SIGNAGE ON THE BACK OF THIS SHEET. By my signature, I state and agree, that I have carefully examined the completed application and do hereby certify that all information herein is true and correct, and I further certify that any and all work performed shall be done in accordance with the Ordinances of the City of Waukesha, and the Laws of the State of Wisconsin pertaining to the work described herein Lisa Neal 8/4/2016 OFFICE USE ONLY Zoning District: Gross sign area for premises: Area used by other signs: Approved Conditions (if any): Must submit electrical permit within 30 days of meeting or permit shall be voided. **Denied** Does not conform to: ☐ Height Architecturally compatible
Avoid needless elaboration ☐ Not to face R-district ☐ Clearance ☐ Area ☐ Corner Vision Projection Consolidation of signs ☐ Setback ☐ Distracting sign Authorized Signature Date of Review

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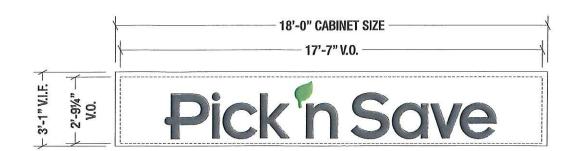
PERMIT	NUMBE	R
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PERMANENT SIGN PERMIT APPLICATION ONE APPLICATION PER SIGN

4000 W.O D	Office Use Only
SITE ADDRESS : 1220 W Sunset Drive	☐ PICTURE/Drawing/Site Plan
Total Number of signs applying for today: Value of Sign	ı(s) \$ ☐ FEE
FEE: \$40 min. or \$1 per sq. ft. Required in full at time of submittal. FEE	
Location of THIS sign:	
4	Paid: Initials:
Business Name: Pick n Save	Permit copy will be mailed to this address ign Contractor: Doyle Signs, Inc
	ddress: 232 W Interstate Road
	Sity/State/Zip: Addison, IL 60101
	hone: 630-543-9490
•	IF THIS IS AREA IS LEFT EMPTY, PERMIT WILL NOT BE MAILED.
(MANDATORY FIELD; applicati	
You must submit an electrical permit signed by a licensed of HAS THIS BEEN DONE? TES, Permit No. BL	
ATTACH A COLOR PHOTO, DRAWING, AND/OR SITE PLA	N. Show dimensions to scale, colors, and location of sign.
CHECK ONE:	TYPE OF SIGN (Circle all that apply):
	Wall Door Projecting Window Roof Billboard
30.000 3550 055705F 646 360F Underd 646 165	Flat Awning Freestanding Yard Double Face
Horizontal Width of Sign18' Vertical dimension of Sign	13' 1" TOTAL Square Footage:56sq. ft.
If Sign is detached or projecting, please supply: Total He	
Premise Data: Street Frontage: Building or Tenant Space	e Width: Other Street Frontage:
PLEASE LIST ALL EXISTING SIGNA	GE ON THE BACK OF THIS SHEET.
By my signature, I state and agree, that I have carefully examined the compleand correct, and I further certify that any and all work performed shall be and the Laws of the State of Wisconsin pertaining to the work described here	done in accordance with the Ordinances of the City of Waukesha,
Y I Simulated Control of the Name	Lisa Neal Page 8/4/2016
Legal Signature Print Name_	Date 0/4/2010
Zoning District: Gross sign area for premises: Approved Conditions (if any): Must submit electrical permit within 30 days of meeting or p	Area used by other signs:
☐ Denied Does not conform to:	
☐ Height ☐ Architecturally compatible ☐ Not to face R-district ☐ Projection ☐ Avoid needless elaboration ☐ Consolidation of signs	☐ Clearance ☐ Area ☐ Corner Vision ☐ Distracting sign ☐ Setback ☐ Other
Authorized Signature	Date of Review

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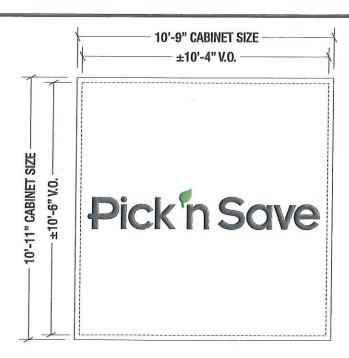
TWO(2) FLAT WHITE LEXAN REPLACEMENT FACES w/ FIRST SURFACE VINYL

SCALE: 1/4"=1"

PMS 576 C GREEN

PMS 432 C GREY





TWO(2) FLAT WHITE LEXAN REPLACEMENT FACES w/ FIRST SURFACE VINYL

SCALE: 1/4"=1"

PMS 8

PMS 576 C GREEN

PMS 432 C GREY





DATE	REVISION
5.17.16	REVISED LOGO ON PYLON #2 TO APPROVED LOGO
-	
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CUSTOMER APPROVAL	DATE
This design is the original and ur DOYLE SIGNS, INC. and may not be or exhibited in any fashlon without: consent from an authorized offic The rights to this design may	reproduced, copied the expressed written or of The Company.

CLIENT	PICK N SAVE					
ADDRESS	1220 W SUNSET DR					
CITY	WAUKESHA	STATE	WI	DESIGNER KM	SALESPERSON	TD
DRWG. NO.	15337	SCALE:	NOTED	DATE: 06.16.2016	SHEET NO.	3