

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

ONE APPLICATION PER SIGN

SITE ADDRESS: 1812 SILVERNAIL RD.Total Number of signs applying for today: 2 Value of Sign(s) \$ 1200.00FEE: \$40 min. or \$1 per sq. ft. Required in full at time of submittal. **FEE IS NON-REFUNDABLE.**Location of THIS sign: MONUMENT SIGN

Office Use Only

☐ PICTURE/Drawing/Site Plan☐ FEE☐ ELECTRICAL PERMIT

Paid: _____ Initials: _____

Permit copy will be mailed to this address

Business Name: VALVOLINESign Contractor: CORPORATE IMAGE SIGNOwner Name: VALVOLINE CORP.Address: W 138 LILAC AVE

Business Phone: _____

City/State/Zip: GENOA CITY, WI. 53128For questions call: ☐ Business ☒ Sign ContractorPhone: 262-215-9585

IF THIS IS AREA IS LEFT EMPTY, PERMIT WILL NOT BE MAILED.

(MANDATORY FIELD; application will be returned if left blank.) USING EXISTING

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:

☒ New Sign ☐ Existing Sign ☐ Face Change Only

TYPE OF SIGN (Circle all that apply):

Wall Door Projecting Window Roof Billboard
Flat Awning Freestanding Yard Double FaceHorizontal Width of Sign 6'1" Vertical dimension of Sign 8'3" TOTAL Square Footage: 41.5 sq. ft.If Sign is detached or projecting, please supply: Total Height 12' 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

Legal Signature

Print Name

John Harris

Date

9-16-16

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☐ Not to face R-district☐ Clearance☐ Area☐ Corner Vision☐ Projection☐ Avoid needless elaboration☐ 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.

FAIRMONT
Sign Company
3700 E. QUINCY DR., DETROIT, MI 48204
PHONE 313-588-4000 FAX 313-588-5565

THIS IS AN ORIGINAL UNREPRODUCED DESIGN, CRAFTED BY F.S.C. IT IS SUBMITTED FOR YOUR REVIEW IN CONNECTION WITH A PROJECT BEING PERFORMED BY F.S.C. IT IS NOT TO BE REPRODUCED, COPIED, OR OTHERWISE USED IN ANY MANNER WITHOUT THE WRITTEN PERMISSION OF F.S.C. © FAIRMONT SIGN COMPANY, 2003

DATE	SIZE	OWNED	REASON
5/20/16	1/2"	1/2"	1/2"
1/20/16	1/2"	1/2"	1/2"
1/20/16	1/2"	1/2"	1/2"
1/20/16	1/2"	1/2"	1/2"

DISTRICT/LOCAL
VALVOLINE
ADDRESS
1812 SILVERIAL RD.
REMARKS
N

DATE
7/27/16
DRAWN BY
AK
SHEET
3

KEY
88070
DATE
7/27/16
DRAWN BY
AK
SHEET
3

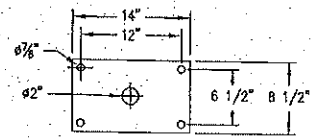
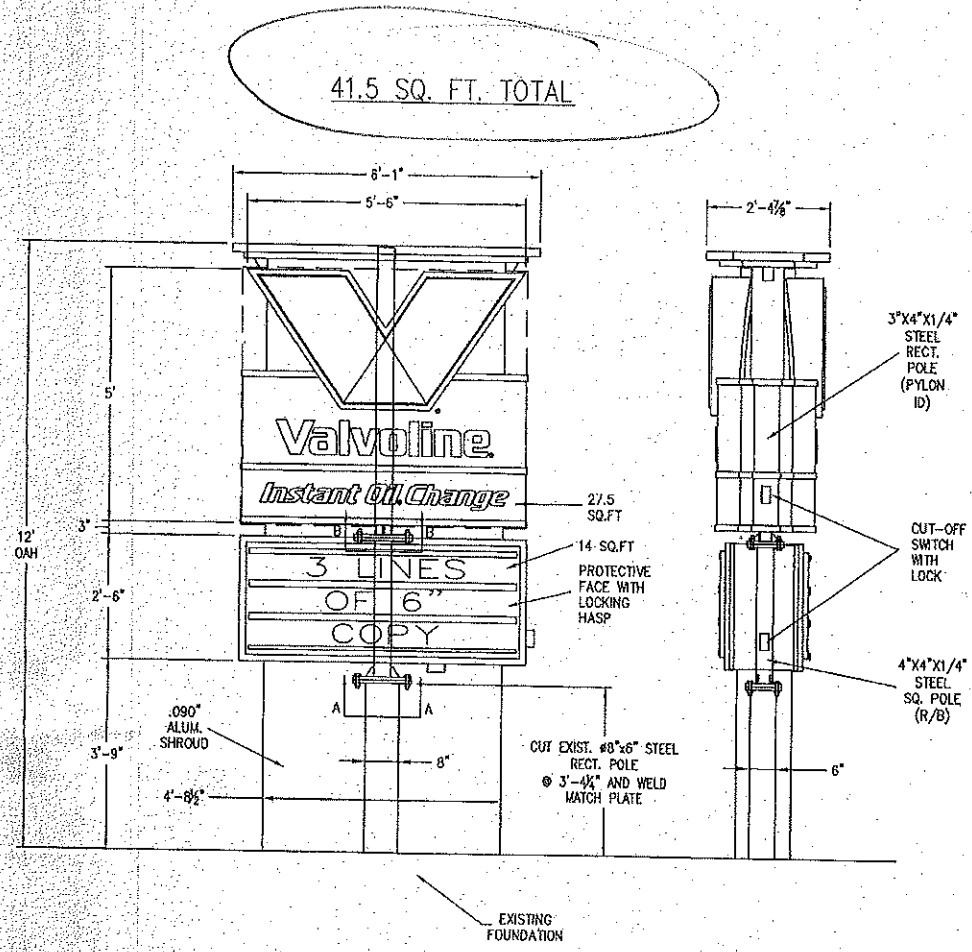


PLATE P3 (3/4" THICK)
SCALE: 1"=1'-0" SECTION A-A/B-B

- * Remove Sign / Keep existing POLE
- * KEEP EXISTING ELECTRIC
- * RETRO-FIT NEW SIGN ON POLE



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Office Use Only

☐ PICTURE/Drawing/Site Plan☐ FEE☐ ELECTRICAL PERMIT

Paid: _____ Initials: _____

Business Name: VALVOLINEOwner Name: VALVOLINE CORP.

Business Phone: _____

For questions call: ☐ Business ☒ Sign Contractor

Permit copy will be mailed to this address

Sign Contractor: CORPORATE IMAGE SIGNAddress: W 138 LILAC AVECity/State/Zip: GENOA CITY, WI. 53128Phone: 262-215-9585

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CHECK ONE:

☒ New Sign ☐ Existing Sign ☐ Face Change Only

TYPE OF SIGN (Circle all that apply):

☒ Wall ☐ Door ☐ Projecting ☐ Window ☐ Roof ☐ Billboard
☒ Flat ☐ Awning ☐ Freestanding ☐ Yard ☐ Double FaceHorizontal Width of Sign SEE DWG. Vertical dimension of Sign SEE DWG. TOTAL Square Footage: 24 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

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Print Name

John Harris

Date

9-16-16

OFFICE USE ONLY

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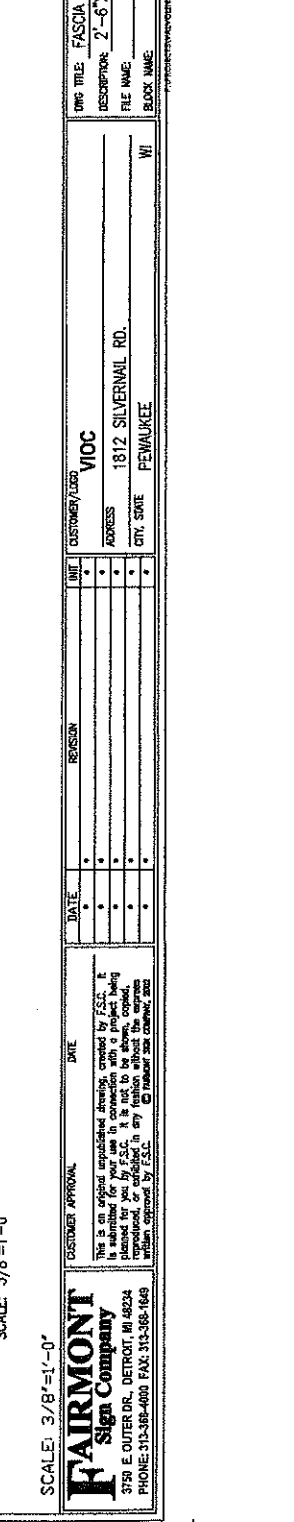
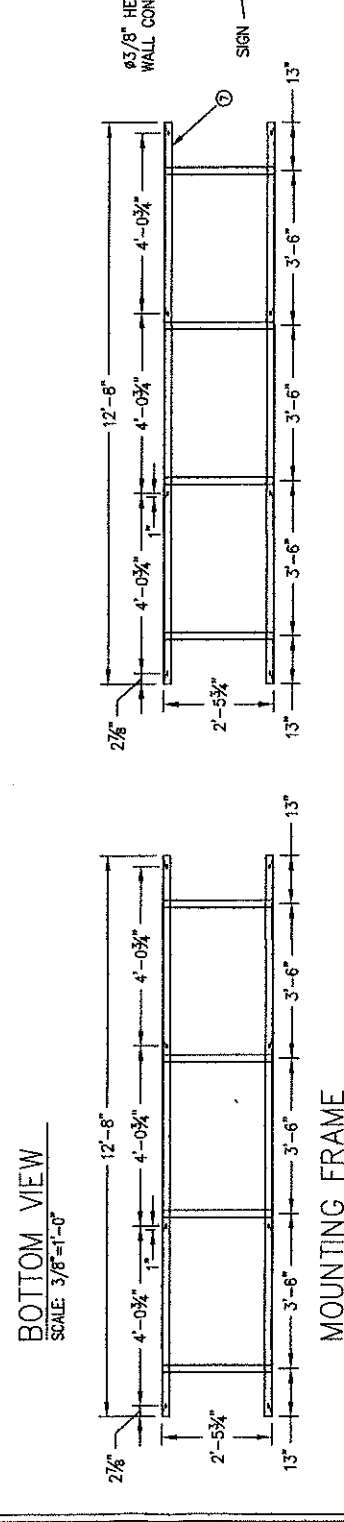
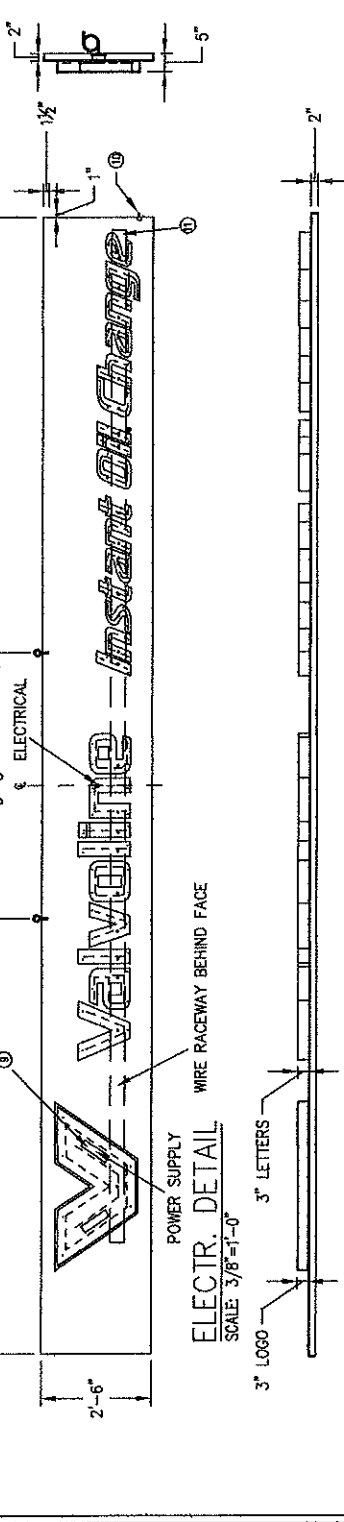
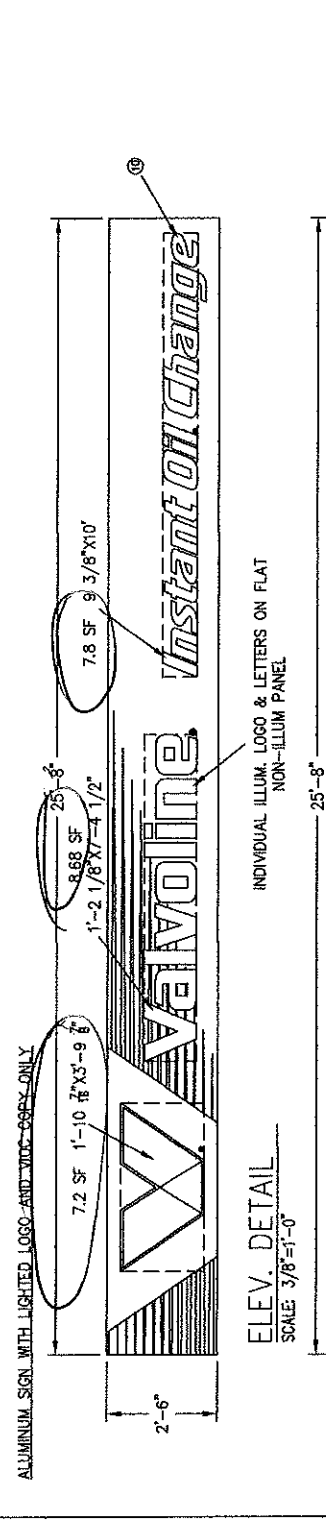
Authorized Signature

Date of Review

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MATERIAL LIST		
ITEM	QTY	DESCRIPTION
1	11'	5/8" ALUM. T-BARRIER PATTERN SIGN-LOGO
2	11'	5/8" ALUM. T-BARRIER PATTERN SIGN-LOGO
3	11'	5/8" ALUM. T-BARRIER PATTERN SIGN-LOGO
4	11'	5/8" ALUM. T-BARRIER PATTERN SIGN-LOGO
5	11'	5/8" ALUM. T-BARRIER PATTERN SIGN-LOGO
6	11'	5/8" ALUM. T-BARRIER PATTERN SIGN-LOGO
7	11'	5/8" ALUM. T-BARRIER PATTERN SIGN-LOGO
8	11'	5/8" ALUM. T-BARRIER PATTERN SIGN-LOGO
9	11'	5/8" ALUM. T-BARRIER PATTERN SIGN-LOGO
10	11'	5/8" ALUM. T-BARRIER PATTERN SIGN-LOGO
11	11'	5/8" ALUM. T-BARRIER PATTERN SIGN-LOGO
12	11'	5/8" ALUM. T-BARRIER PATTERN SIGN-LOGO
13	11'	5/8" ALUM. T-BARRIER PATTERN SIGN-LOGO
14	11'	5/8" ALUM. T-BARRIER PATTERN SIGN-LOGO
15	11'	5/8" ALUM. T-BARRIER PATTERN SIGN-LOGO
16	11'	5/8" ALUM. T-BARRIER PATTERN SIGN-LOGO
17	11'	5/8" ALUM. T-BARRIER PATTERN SIGN-LOGO
18	11'	5/8" ALUM. T-BARRIER PATTERN SIGN-LOGO
19	11'	5/8" ALUM. T-BARRIER PATTERN SIGN-LOGO
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100	11'	5/8" ALUM. T-BARRIER PATTERN SIGN-LOGO



3750 E. OUTER DR., DETROIT MI 48224
PHONE: 313-568-4000 FAX: 313-568-1609

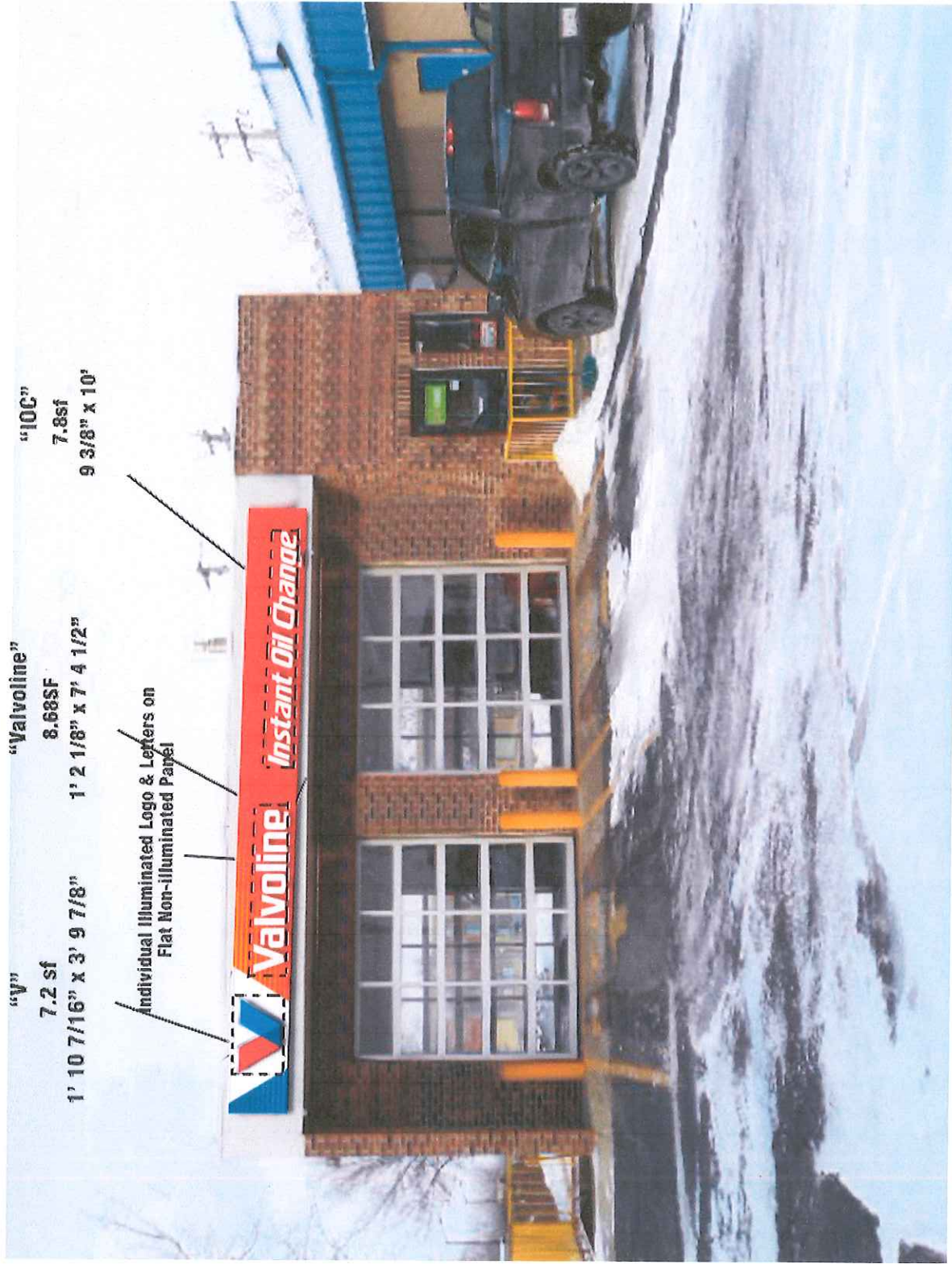
SCALE: 3/8"=1'-0"

THIS IS AN ORIGINAL UNLESS OTHERWISE NOTED. IT IS NOT TO BE REPRODUCED OR COPIED IN ANY MANNER WITHOUT THE WRITTEN APPROVAL OF FAIRMONT SIGN COMPANY, INC.

DATE	REVISION	INIT	CUSTOMER/LOAD
			VIOC
			1812 SILVERNAI RD.
			PEWAWKEE

ONE TITLE FASCIA
DESCRIPTION: 2'-6" X 25'-8" SPECIAL FASCIA
FILE NAME:
BLOCK NAME:

REF: 86070
DATE: 7/27/16
DRAWN BY: AK
SHEET # 1 OF 1



Approved by: _____

Date: _____

The final exterior images and sign designs for your project may differ from the above due to the necessity of complying with regulations regarding your specific property as determined by local governmental authorities.

