

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: 1840-E. MEADOW LANE

PEWAUKEE
Total Number of signs applying for today: 1 Value of Sign(s) \$ 5,000

FEE: \$40 min. or \$1 per sq. ft. Required in full at time of submittal. FEE IS NON-REFUNDABLE.

Location of THIS sign: 1840-E. Meadow La Pewaukee

Business Name: SALON BRILLARE

Owner Name: JANET D'AMATO

Business Phone: 262-522-2914

For questions call: ☒ Business ☐ Sign Contractor

Sign Contractor: Badger Sign Company

Address: 16721 W. Lincoln Ave.

City/State/Zip: New Berlin WI 53151

Phone: 262-787-8000

Office Use Only

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

Paid: _____ Initials: _____

Permit copy will be mailed to this address Lighting

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:

☐ New Sign ☒ Existing Sign ☐ Face Change Only

TYPE OF SIGN (Circle all that apply):

Raceway
Wall Door Projecting Window Roof Billboard
Flat Awning Freestanding Yard Double Face

Horizontal Width of Sign _____ Vertical dimension of Sign _____ TOTAL Square Footage: _____ 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

Legal Signature _____ Print Name _____ Date _____

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.

SALON
BRILLARE

current
location
↓



SALON
BRILLARE

new location
of
sign
↙

