

## 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: 900 Gale StreetTotal Number of signs applying for today: 1 Value of Sign(s) \$ 50.00  
FEE: \$40 min. or \$1 per sq. ft. Required in full at time of submittal. FEE IS NON-REFUNDABLE.Location of THIS sign: Front door - window vinyl

## Office Use Only

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

Paid: \_\_\_\_\_ Initials: \_\_\_\_\_

Business Name: US. FoodsOwner Name: US. FoodsBusiness Phone: 262-542-8841For questions call: ☐ Business ☒ Sign Contractor

Permit copy will be mailed to this address

Sign Contractor: Lemberg Sign DivisionAddress: 4085 N. 128th StCity/State/Zip: Brookfield, WI 53005Phone: 262-781-1500

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

Door Vinyl

## TYPE OF SIGN (Circle all that apply):

- Wall ☒ Door ☐ Projecting ☐ Window ☐ Roof ☐ Billboard  
 Flat ☐ Awning ☐ Freestanding ☐ Yard ☐ Double Face

Horizontal Width of Sign 18 9/16" Vertical dimension of Sign 18 3/4" TOTAL Square Footage: 2.4 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: Michelle Dwyer Print Name: Michelle Dwyer Date: 10/13/16

## 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 3<sup>rd</sup> Monday of the month at 8:15 am. DEADLINE IS THE MONDAY BEFORE THE MEETING.