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 : 1170 W. SUNSET DR.

Total Number of signs applying for today: 3 **Value of Sign(s) $** 6000.-

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

Location of *THIS* sign: THREE (3) STOREFRONT ELEVATIONS

Office Use Only
- ☑ PICTURE/Drawing/Site Plan
- ☑ FEE
- ☐ ELECTRICAL PERMIT

Paid: 1-9-17 Initials: MA

Business Name: ATI PHYSICAL THERAPY
Owner Name: BRANDON WEIS (AGENT)
Business Phone: 630-898-5900
For questions call: ☐ Business ☒ Sign Contractor

Permit copy will be mailed to this address
Sign Contractor: BAUER SIGN & LIGHTING
Address: 2500 S. 170th ST.
City/State/Zip: NEW BERLIN, WI 53151
Phone: 262-784-0500

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):
Wall **Door** **Projecting** **Window** **Roof** **Billboard**
Flat **Awning** **Freestanding** **Yard** **Double Face**

Horizontal Width of Sign 14'/12' 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: 22' Other Street Frontage: 60' (SIDE)

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 Robert A. Hacker **Print Name** ROBERT A. HACKER **Date** 1-9-17

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 ☐ Projection ☐ Architecturally compatible ☐ Avoid needless elaboration ☐ Not to face R-district ☐ Consolidation of signs ☐ Clearance ☐ Distracting sign ☐ Area ☐ Setback ☐ Corner Vision ☐ Other

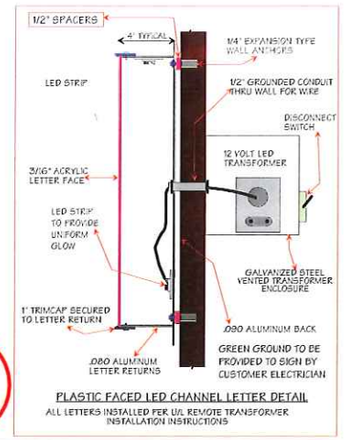
Authorized Signature _____ Date of Review _____

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.

REAR ELEVATION

AURORA SIGN CO.



SIGN TO BE UL LISTED

INDIVIDUAL ILLUMINATED LETTERS WITH BACKER

FABRICATE AND INSTALL LETTERS OF ALUMINUM AND ACRYLIC.
FACES TO BE WHITE ACRYLIC. LOGO TO HAVE COPY APPLIED FIRST SURFACE.
TRIMCAP TO BE BLACK. RETURNS TO BE BLACK..
BACKER TO BE BLACK.
ALL EXPOSED METAL SURFACES TO BE COATED WITH ACRYLIC POLYURETHANE.
INTERNAL ILLUMINATION TO BE WHITE LEDS.
SCALE - 3/8" = 1'

As per the Tenant Manual:
3.02(c): Tenant shall provide a photo to Landlord of the completed sign once it is installed.

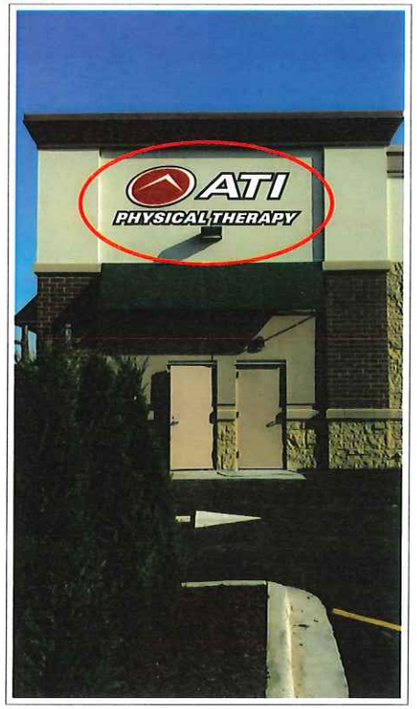
3.02(b): Tenant's sign length shall not exceed the 2 lineal foot setback from each demising wall and/or violate local sign code restrictions.

3.08(b): Tenant's sign installer shall completely waterproof fascia panel penetrations.

INSTALLATION INSTRUCTIONS

CENTER SIGN ON FACADE ABOVE LAMP AS SHOWN.
TO BE PROVIDED BY OTHERS
PRIOR TO INSTALL.

CONSTRUCTION REVIEW
APPROVED AS NOTED
By Erin Seelig at 11:14 am, Nov 22, 2016 BY RAMCO-GERSHENSON
APPROVAL AND/OR COMMENTS BY RAMCO-GERSHENSON'S CONSTRUCTION DEPARTMENT IN NO WAY ABROGATES OR MODIFIES THE TERMS OF THE LEASE AGREEMENT NOR DOES SAID APPROVAL SUPERSEDE ANY BUILDING CODES OR ORDINANCES.

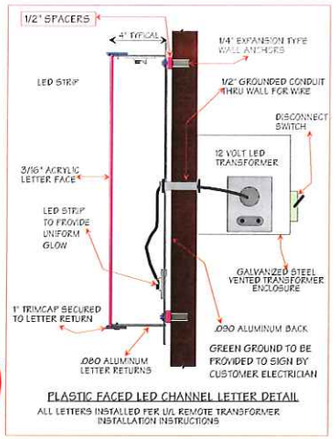


1100 Route 34
Aurora, Illinois 60503
630 898 5900 office
630 898 6091 fax

Prepared For:	ATI PHYSICAL THERAPY	Address:	W SUNSET DR	Drwg: 216712	Sheet: 3	Design Date: 11/17/16	LANDLORD APPROVAL SIGNATURE / TITLE:
Location Name:	WAUKESHA-SUNSET	City/State:	WAUKESHA, WI	Rev 1:			PRINT / DATE:
				Rev 2:			

AURORA SIGN CO.

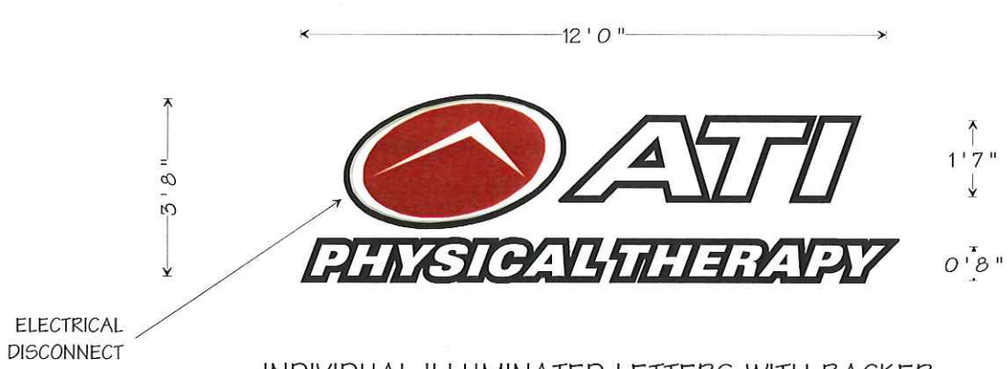
SIDE ELEVATION



PLASTIC FACED LED CHANNEL LETTER DETAIL

ALL LETTERS INSTALLED PER UL REMOTE TRANSFORMER INSTALLATION INSTRUCTIONS

SIGN TO BE UL LISTED

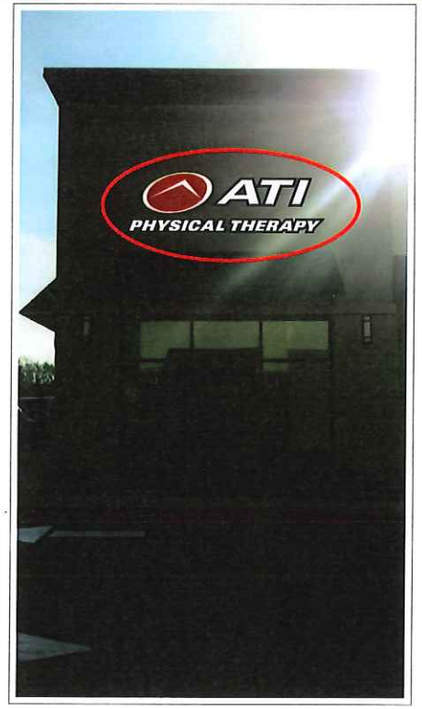


INDIVIDUAL ILLUMINATED LETTERS WITH BACKER

FABRICATE AND INSTALL LETTERS OF ALUMINUM AND ACRYLIC.
FACES TO BE WHITE ACRYLIC. LOGO TO HAVE COPY APPLIED FIRST SURFACE.
TRIMCAP TO BE BLACK. RETURNS TO BE BLACK..
BACKER TO BE BLACK.
ALL EXPOSED METAL SURFACES TO BE COATED WITH ACRYLIC POLYURETHANE.
INTERNAL ILLUMINATION TO BE WHITE LEDS.
SCALE - 3/8" = 1'

INSTALLATION INSTRUCTIONS

CENTER SIGN ON FACADE AS SHOWN.
ALIGN AT SAME HEIGHT AS FRONT SIGN.
CONNECT TO ELECTRICAL SERVICE
TO BE PROVIDED BY OTHERS
PRIOR TO INSTALL.



CONSTRUCTION REVIEW

APPROVED

By Erin Seelig at 11:13 am, Nov 22, 2016 BY RAMCO-GERSHENSON

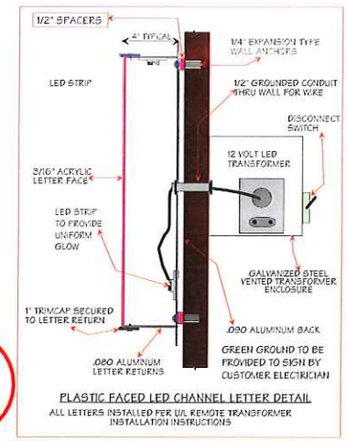
APPROVAL AND/OR COMMENTS BY RAMCO-GERSHENSON'S CONSTRUCTION DEPARTMENT IN NO WAY ABROGATES OR MODIFIES THE TERMS OF THE LEASE AGREEMENT NOR DOES SAID APPROVAL SUPERSEDE ANY BUILDING CODES OR ORDINANCES.

1100 Route 34
Aurora, Illinois 60503
630 898 5900 office
630 898 6091 fax

Prepared For:	ATI PHYSICAL THERAPY	Address:	W SUNSET DR	Drwg: 216712	Sheet: 2	Design Date: 11/17/16	LANDLORD APPROVAL SIGNATURE / TITLE:
Location Name:	WAUKESHA-SUNSET	City/State:	WAUKESHA, WI	Rev 1:			PRINT / DATE:
				Rev 2:			

AURORA SIGN CO.

FRONT ELEVATION



PLASTIC FACED LED CHANNEL LETTER DETAIL

ALL LETTERS INSTALLED PER UL REMOTE TRANSFORMER INSTALLATION INSTRUCTIONS

SIGN TO BE UL LISTED

INDIVIDUAL ILLUMINATED LETTERS WITH BACKER

FABRICATE AND INSTALL LETTERS OF ALUMINUM AND ACRYLIC.
FACES TO BE WHITE ACRYLIC. LOGO TO HAVE COPY APPLIED FIRST SURFACE.
TRIMCAP TO BE BLACK. RETURNS TO BE BLACK..
BACKER TO BE BLACK.
ALL EXPOSED METAL SURFACES TO BE COATED WITH ACRYLIC POLYURETHANE.
INTERNAL ILLUMINATION TO BE WHITE LEDS.
SCALE - 3/8" = 1'

As per the Tenant Manual:
3.01(c): Tenant shall provide to Landlord the name and address of the sign manufacturer and installer accompanied by a certificate of insurance.
3.02(b): Tenant's sign length shall not exceed the 2 lineal foot setback from each demising wall and/or violate local sign code restrictions.
3.02(c): Tenant shall provide a photo to Landlord of the completed sign once it is installed.
3.08(b): Tenant's sign installer shall completely waterproof fascia panel penetrations.

INSTALLATION INSTRUCTIONS

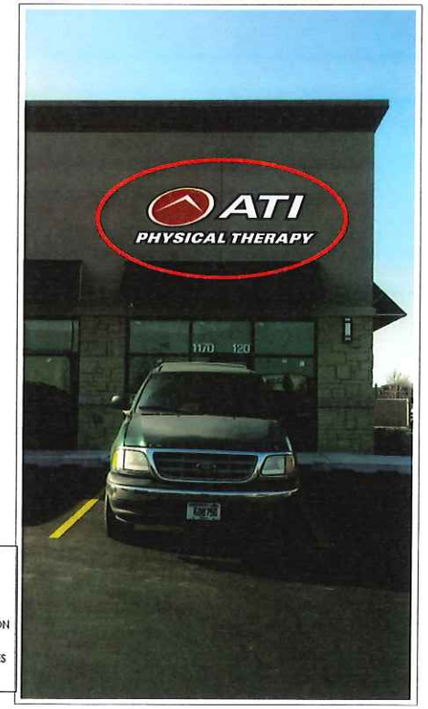
CENTER SIGN ON FACADE AS SHOWN.
CONNECT TO ELECTRICAL SERVICE
TO BE PROVIDED BY OTHERS
PRIOR TO INSTALL.

CONSTRUCTION REVIEW

APPROVED AS NOTED

By Erin Seelig at 10.11 am, Nov 22, 2016 BY RAMCO-GERSHENSON

APPROVAL AND/OR COMMENTS BY RAMCO-GERSHENSON'S CONSTRUCTION DEPARTMENT IN NO WAY ABROGATES OR MODIFIES THE TERMS OF THE LEASE AGREEMENT NOR DOES SAID APPROVAL SUPERSEDE ANY BUILDING CODES OR ORDINANCES.

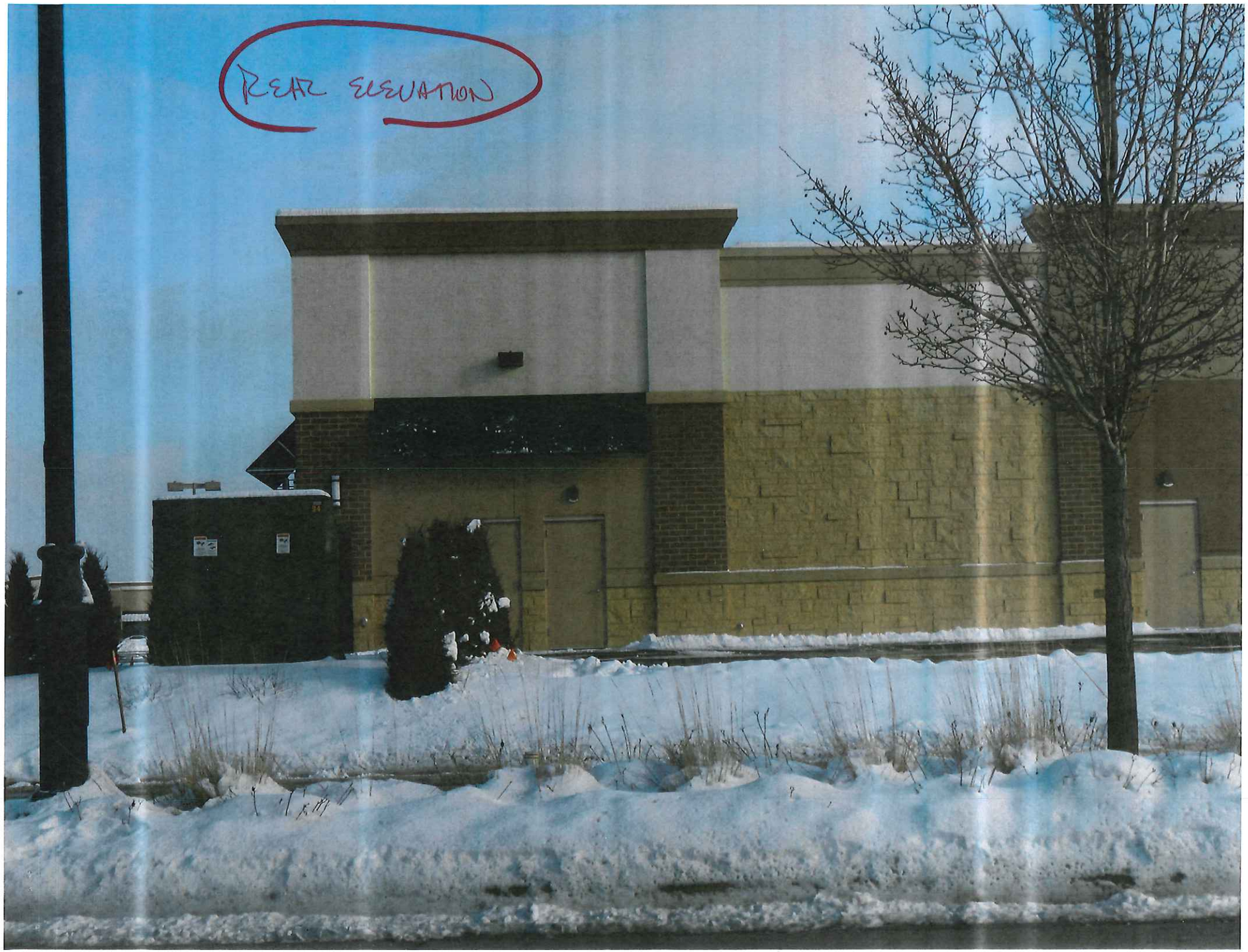


1100 Route 34
Aurora, Illinois 60503
630 898 5900 office
630 898 6091 fax

Prepared For:	ATI PHYSICAL THERAPY	Address:	W SUNSET DR	Drwg: 216712	Sheet: 1	Design Date: 11/17/16	LANDLORD APPROVAL SIGNATURE / TITLE:
Location Name:	WAUKESHA-SUNSET	City/State:	WAUKESHA, WI	Rev 1:			PRINT / DATE:
				Rev 2:			


FRONT
ELEVATION
22'
1170 116
1170 120
NORTHCENTRAL
NORTHCENTRAL

SIDE ELEVATION


REAR ELEVATION