CK # 39247

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

PERMIT NUMBER
SIGN17-00002

PERMANENT SIGN PERMIT APPLICATION

ONE APPLICATION PER SIGN

SITE ADDRESS: 1170 W. SUNSET DR.

Total Number of signs applying for today: 2 **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: TWO (2) STOREFRONT LOCATIONS

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

Paid: _____ Initials: _____

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 SIGNS & 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:

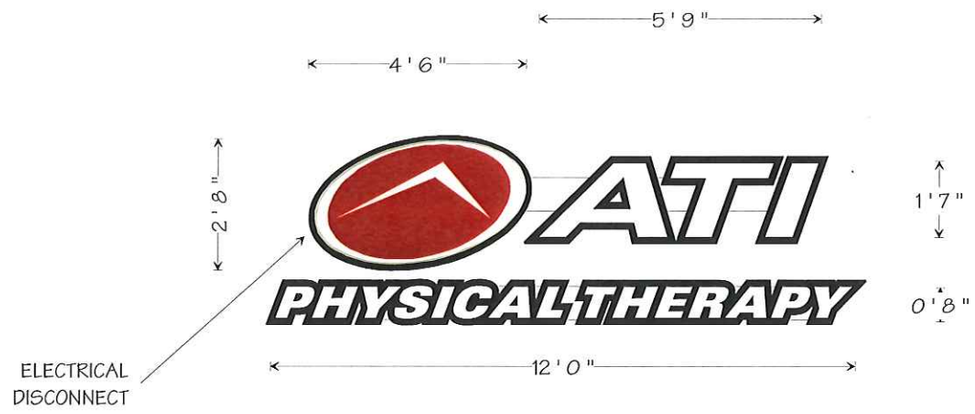
☐ Height ☐ Projection ☐ Architecturally compatible ☐ Avoid needless elaboration ☐ Not to face R-district ☐ Consolidation of signs ☐ Clearance ☐ Distracting sign ☐ Area ☐ Setback ☐ Corner Vision ☐ Other

Authorized Signature _____ Date of Review _____

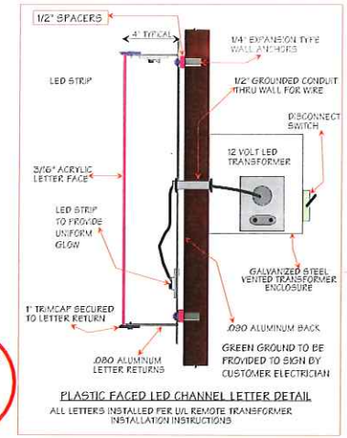
INCOMPLETE APPLICATIONS MAY NOT BE PROCESSED.

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

AURORA SIGN CO.



0.7" x 12'	= 8.4 SF
1.6' x 5.75'	= 9.2 SF
2.7' X 4.5'	= 12.15 SF
TOTAL	29.75 SF



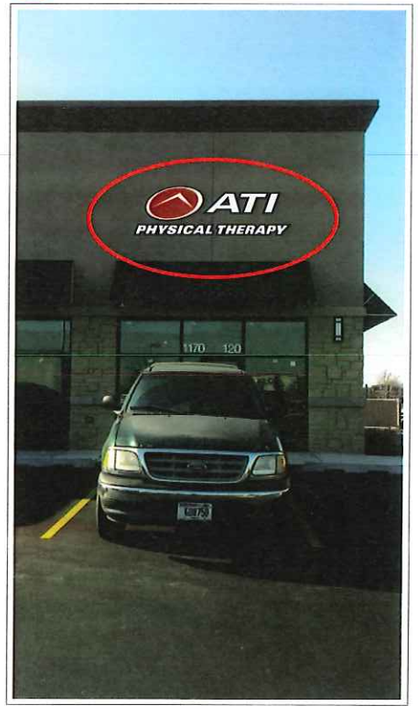
SIGN TO BE UL LISTED

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.
CONNECT TO ELECTRICAL SERVICE
TO BE PROVIDED BY OTHERS
PRIOR TO INSTALL.

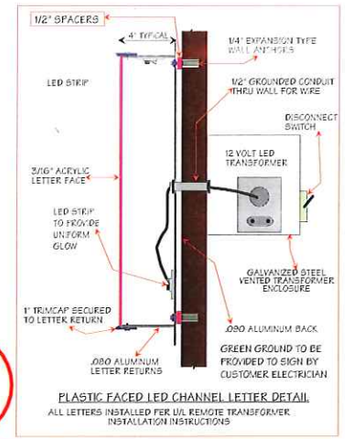


1100 Route 34
Aurora, Illinois 60503
630 898 5900 office
630 898 6091 fax

Prepared For:	ATI PHYSICAL THERAPY	Address:	1170 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:			

AURORA SIGN CO.

0.4' X 7.9' = 3.16 SF
1.0' X 3.75' = 3.75 SF
1.75' X 2.9' = 5.08 SF
TOTAL 11.99 SF



PLASTIC FACED LED CHANNEL LETTER DETAIL
ALL LETTERS INSTALLED PER U/L REMOTE TRANSFORMER INSTALLATION INSTRUCTIONS

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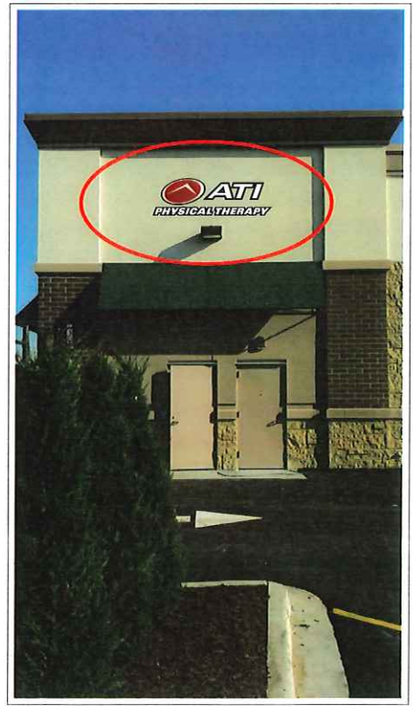

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