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

PERMIT NUMBER
SIG17-18

PERMANENT SIGN PERMIT APPLICATION

ONE APPLICATION PER SIGN

SITE ADDRESS : 1425 Summit ave

Total Number of signs applying for today: 1 **Value of Sign(s) $** 500.00

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

Location of *THIS* sign: 2 side tennent sign

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

Paid: _____ Initials: _____

Permit copy will be mailed to this address

Business Name: Glacier Point Family Dentistry
Owner Name: Zach Anhorn
Business Phone: 414-807-5876
For questions call: ☐ Business ☑ Sign Contractor

Sign Contractor: Signs & Lines by Stretch
Address: W240 S3990 Rockwood Cir
City/State/Zip: Waukesha WI 53189
Phone: 262-544-9628

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 96.5 Vertical dimension of Sign 27.75 **TOTAL Square Footage:** 18.6 **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 Steven J Koenig **Print Name** Steven J Koenig **Date** 3/10/2017

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.

CUSTOMER / PROJECT Glacier Point Family Dentistry - Exterior Signs

SIGNS & LINES BY STRETCH www.slines.net

⊗ INSTALL ○ PICKUP ○ SHIP REMOVE EXISTING GRAPHICS ⊗ YES ○ NO WORK ORDER # 9344

A

2 FACES

96.5"W x 27.75"H

USING PHILLIP L. BANGLE AND
BLANK PANEL UNDERNEATH

OK

ARTWORK CHARGE – With your drawing/estimate, you are allowed one artwork revision. There will be an artwork charge for any additional drawings

ARTWORK APPROVAL

-PLEASE PROOFREAD CAREFULLY-

I have checked the DETAILS. Signs & Lines by Stretch is not responsible for typographical errors.

○ Spelling
○ Copy Content
○ Placement

X _____
APPROVE - SIGNATURE

UNIT # _____
USDOT # _____
DRAWN BY: Patty Blicharz
DATE: 2/20/17
FILE NAME: Glacier Point Family Dentistry Exterior Sign.plt

_____
DATE

MATERIALS USED

Translucent Blue
black

CUSTOMER / PROJECT Glacier Point Family Dentistry - Exterior Signs

SIGNS & LINES BY STRETCH
www.slines.net

⊗ INSTALL ○ PICKUP ○ SHIP REMOVE EXISTING GRAPHICS ⊗ YES ○ NO WORK ORDER # 9344

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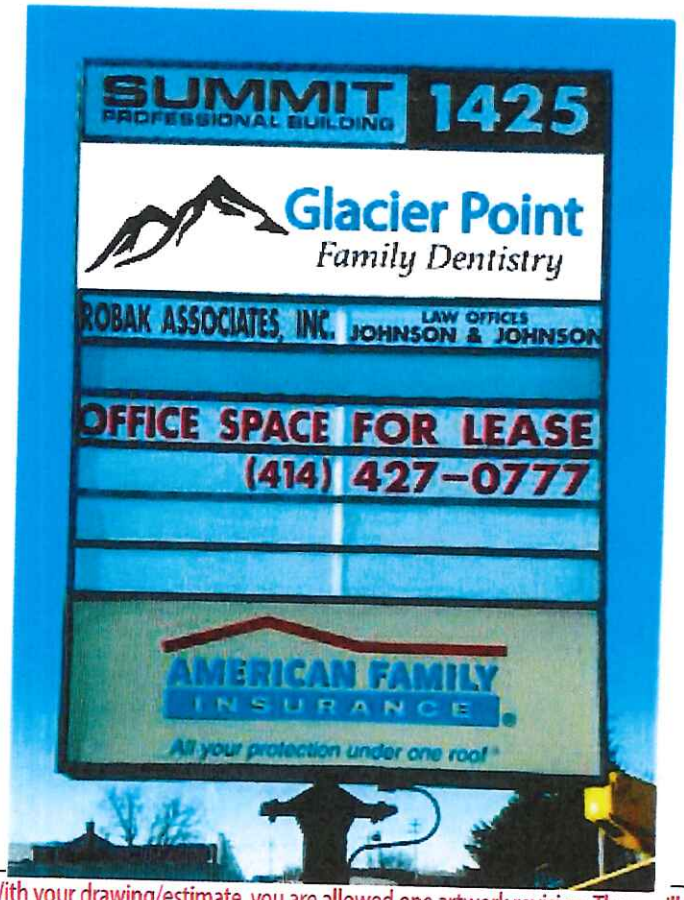

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