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 : 312 W Broadway

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

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

Location of *THIS* sign: On The Front of the Building on top. There is an open sign space

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

Paid: _____ **Initials:** _____

Business Name: Otto's Fine Art Academy
Owner Name: Megan David
Business Phone: 262-970-9524
For questions call: ☒ Business ☐ Sign Contractor

Permit copy will be mailed to this address

Sign Contractor: Bob the Builder
Address: _____
City/State/Zip: Waukesha WI 53186
Phone: 262-782-4927

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 12' Vertical dimension of Sign 2' **TOTAL Square Footage:** 24 **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** Megan David **Date** 4/20/17

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.

Sq feet 24

All letters to be 3/4" thick raised from back board.