

PERMANENT SIGN PERMIT APPLICATION

ONE APPLICATION PER SIGN

SITE ADDRESS : 1751 E MAIN ST.

Total Number of signs applying for today: 1 Value of Sign(s) \$ 40.00

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

Location of THIS sign: EAST BUILDING ELEVATION

Office Use Only

☐ PICTURE/Drawing/Site Plan

☐ FEE

☐ ELECTRICAL PERMIT

Paid: _____ Initials: _____

Permit copy will be mailed to this address

Business Name: HILLCREST DENTAL

Sign Contractor: LEMBERG - RAMONA MARENDA

Owner Name: ROSS OBER-SCHLAGE

Address: 4085 N. 128TH ST

Business Phone: 262-232-6736

City/State/Zip: BROOKFIELD, WI 53005

For questions call: ☐ Business ☒ Sign Contractor

Phone: 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

TYPE OF SIGN (Circle all that apply):

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

Horizontal Width of Sign 1'-2" Vertical dimension of Sign 2'-7" TOTAL Square Footage: 18.5 sq. ft.

If Sign is detached or projecting, please supply: Total Height _____ Clearance: _____ Setback: 0

Premise Data: ^{MAIN} Street Frontage: 300' Building or Tenant Space Width: 70'x45' ^{NIKE} Other Street Frontage: 175'

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 Ramona MarenDA Print Name RAMONA MARENDA Date 04/27/17

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

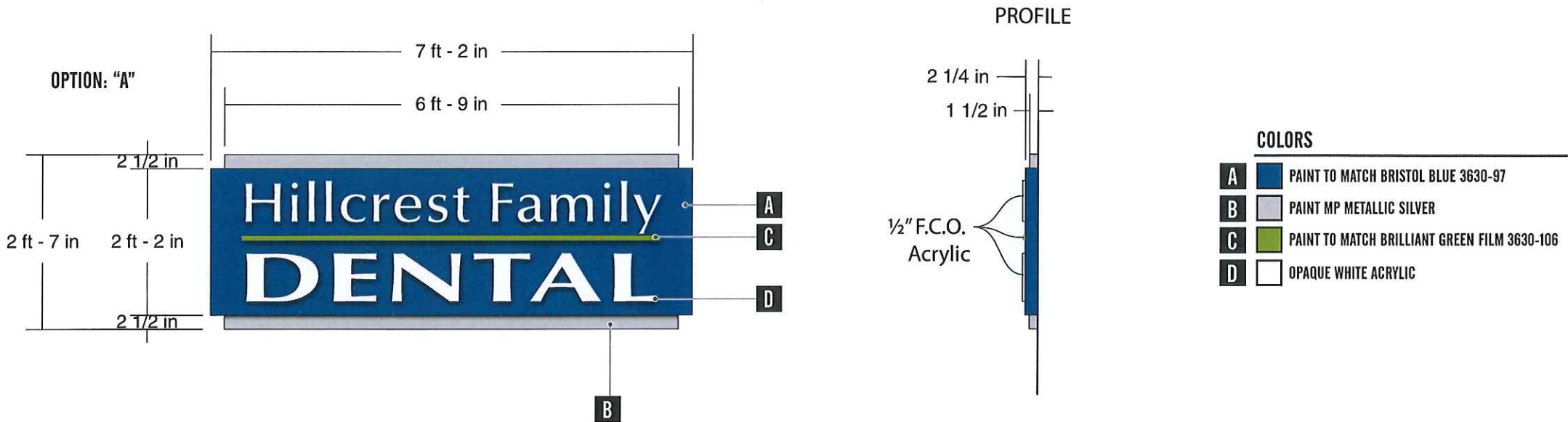
Authorized Signature _____ Date of Review _____

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.

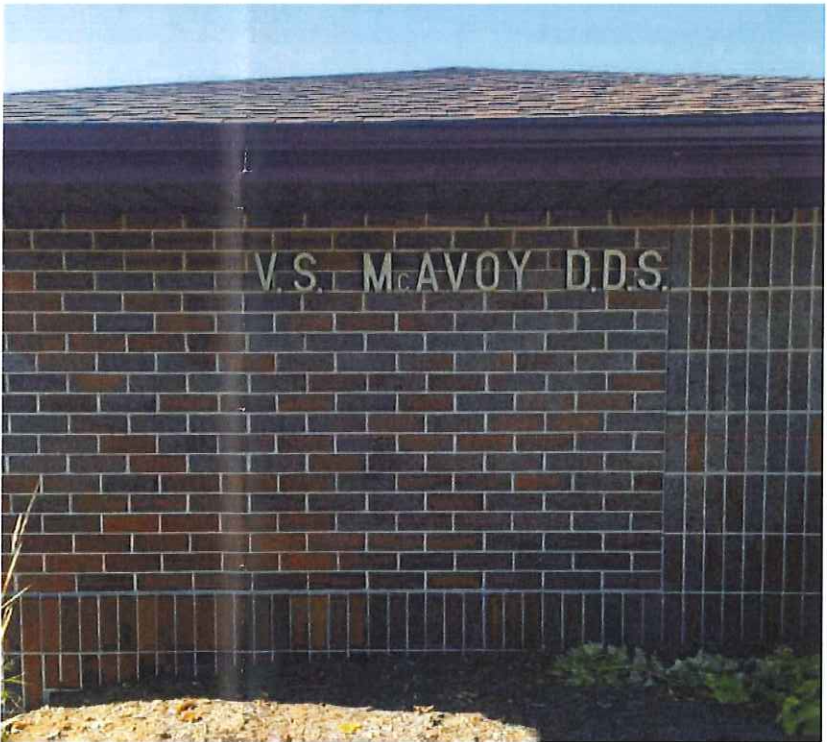
PRODUCTION DRAWING

DATE: 04-20-17 APPROVED BY: SD



WALL SIGN - NON LIT

ONE (1) SINGLE SIDED WALL SIGN
2 1/4" DEEP FABRICATED ALUMINUM PAN - PAINT BLUE (TO MATCH 3630-97 FILM)
1 1/2" x 2 1/2" ALUMINUM TUBE (CAP ENDS) - PAINT MP METALLIC SILVER
LETTERS & RULELINE - 1/2" THICK WHITE ACRYLIC (RULELINE PAINTED GREEN TO MATCH 3630-106 FILM)
- STUD MOUNT FLUSH TO ALUMINUM FACE
MOUNTING METHOD - ATTACH TO MASONRY WALL w/ HIDDEN FASTENERS (ANGLE CLIPS)



NEW SIGN TO COVER EXISTING LETTERS - (LETTERS STAY AS IS)



4085 North 128th Street, Brookfield, WI 53005
p. 262.781.1500
f. 262.781.1540
www.lembergelectric.com

PROJECT:
Hillcrest Family Dental
ADDRESS:
1751 E. Main Street, Waukesha, WI 53186

DRAWING: 3(1)
DATE: 11-16-16
SCALE: 1/2" = 1'
REVISION DATE: 04-19-17
REVISION#: (1)
SALES REP: Skip DeBack
DESIGNER: Skip DeBack / Mark Mayzik

LANDLORD APPROVAL SIGNATURE / DATE:
CLIENT APPROVAL SIGNATURE / DATE:

PAGE #:

1 OF 1