

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 : 1201 Dolphin Ct Suite A

Total Number of signs applying for today: 1 Value of Sign(s) \$ \$5,000.00

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

Location of THIS sign: Exterior Wall

Office Use Only

☐ PICTURE/Drawing/Site Plan☐ FEE☐ ELECTRICAL PERMIT

Paid: _____ Initials: _____

Permit copy will be mailed to this address

Business Name: Span Tech

Sign Contractor: Innovative Signs Inc

Owner Name: R A B Property II LLC

Address: 21795 Doral Rd B

Business Phone: 270-576-7575

City/State/Zip: Waukesha, WI 53188

For questions call: ☐ Business ☐ Sign Contractor

Phone: 262-432-1330

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 243" Vertical dimension of Sign 40" TOTAL Square Footage: 67.5 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: Jessica Nieves Print Name: Jessica Nieves Date: 6/28/2017

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 _____

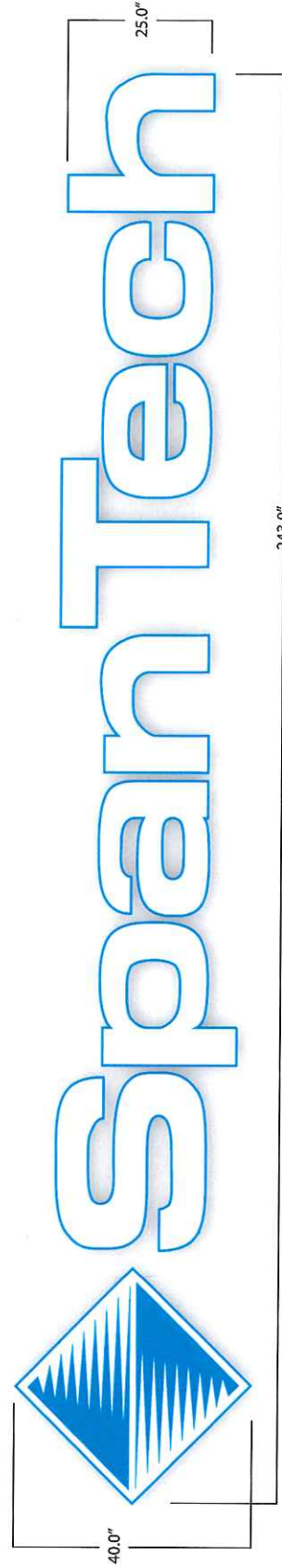
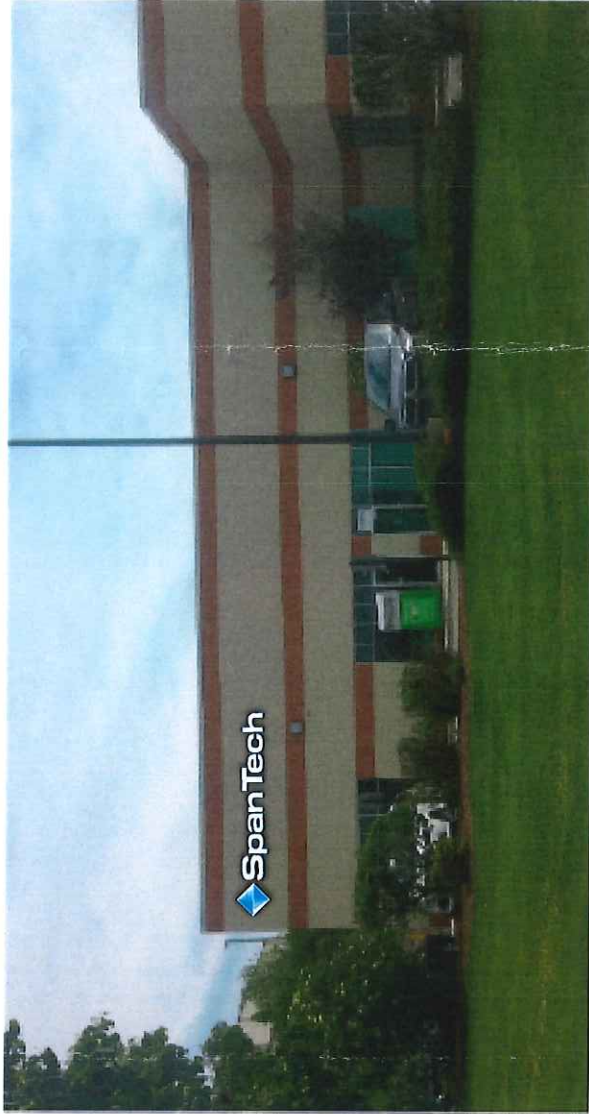
Date of Review _____

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.



www.Innovative-Signs.com

Client	
SpanTech Brookfield, WI	
QT/OR #	10111
Size	
See Right	
Quantity	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 88
Materials & Specs	
Wall Signage	
White LED Illumination	
Raceway Mounted Channel Letters	
Blue Trim & Returns	
White Faces & Illumination	
Translucent Logo Graphics	
Colors	
<input checked="" type="checkbox"/> Blue 286c (cmYk Match)	
<input type="checkbox"/> White	
Representative	
Brad H.	
Designer	
Nick Mason	
Date:	6/21/2017



* Production cannot begin until we receive your authorization the proof is accurate. Delays in receiving your approval will delay production times.

DISCLAIMER:

Artwork is the property of Innovative Signs, Inc. Design charges will be applied to artwork shared and/or completed without the consent of Innovative Signs, Inc.