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

201 DEE/11 IEED STREET ROOM 200 WACKESTIA, WISSIOS TH.	(202)324-3730 FAX. (202)324-373	
PERMANENT SIGN	PERMIT LICATION PER SIGN	APPLICATION

SITE ADDRESS: 329 West Main Street	Office Use Only		
	☐ PICTURE/Drawing/Site Plan		
Total Number of signs applying for today: Value of Sign(s) \$ 224.14 FFE: \$40 min or \$1 per sq. ft. Provinced in full at time of submitted FFE IS NON PERLINDARIES	□ FEE		
FEE: \$40 min. or \$1 per sq. ft. Required in full at time of submittal. FEE IS NON-REFUNDABLE.	☐ ELECTRICAL PERMIT		
Location of THIS sign: Front Of building	Paid: Initials:		
Permit copy will be mailed to this address Sign Contractor:			
Sign Contractor.	ball Pro		
Owner Name: Address: Address: City/State/Zip: WGJK	sold repro		
•	_		
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.			
	NO NOT APPLICABLE		
ATTACH A COLOR PHOTO DRAWING AND/OR SITE PLAN Show dimensions to see	als solors and location of sign		
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 Wall Door Projecting			
Flat Awning Freestan			
Horizontal Width of Sign Vertical dimension of Sign TOTAL Squ	uare 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.			
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PLEASE LIST ALL EXISTING SIGNAGE ON THE BACK OF The By my signature, I state and agree, that I have carefully examined the completed application and do hereby contained and I further certify that any and all work performed shall be done in accordance with the O and the Laws of the State of Wisconsin pertaining to the work described herein	THIS SHEET. ertify that all information herein is true		
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INCOMPLETE APPLICATIONS MAY NOT BE PROCESSED.

Date of Review



www.Innovative-Signs.com

Full Color CMYK
Representative
Dave S.

Brian Tock
Date: 07/26/2017

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





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