

PERMANENT SIGN PERMIT APPLICATION

ONE APPLICATION PER SIGN

SITE ADDRESS : 1625 Coldwater Creek Drive

Total Number of signs applying for today: 5 Value of Sign(s) \$ 12,000
FEE: \$40 min. or \$1 per sq. ft. Required in full at time of submittal. FEE IS NON-REFUNDABLE.

Location of THIS sign: #1 on site plan

Office Use Only

☐ PICTURE/Drawing/Site Plan

☐ FEE

☐ ELECTRICAL PERMIT

Paid: _____ Initials: _____

Business Name: ProHealth Rehab Hospital of WI

Owner Name: ProHealth Rehab Hospital of Wisconsin

Business Phone: 262-521-8800

For questions call: ☐ Business ☒ Sign Contractor

Sign Contractor: Kieffer / StarLife, Attn: Jeff Fuhrmann

Address: 3322 Washington Avenue

City/State/Zip: Sheboygan, WI 53081

Phone: 920-946-9906 / 920-453-4125

Permit copy will be mailed to this address

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 847-00064 ☐ 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 16' TOTAL Square Footage: 192 sq. ft.

If Sign is detached or projecting, please supply: Total Height 16'6" Clearance: N/A Setback: 20' 0" site

Premise Data: Street Frontage: 510' Building or Tenant Space Width: 326.3' (N2 to SW = 326.3, NW to SE = 261) Other Street Frontage: 493'

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 Jeff Fuhrmann Print Name Jeff Fuhrmann Date 8/24/2017

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☐ 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.

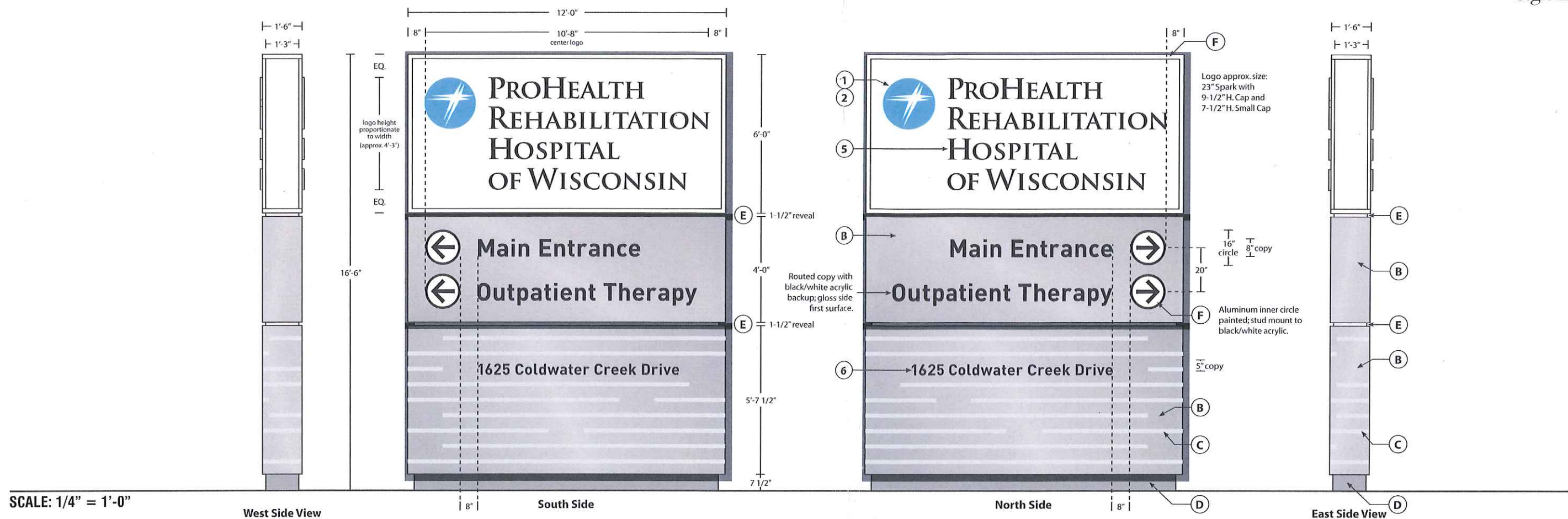
Review Board meets the 3rd Monday of the month at 8:15 am. DEADLINE IS THE MONDAY BEFORE THE MEETING.

* See Drawing B73329A Remove 128 sq sign, install new to meet setback requirements.



PROHEALTH CARE

Sign Type M4 Internally Illuminated Main ID/Directional Hybrid
Sign Location #001



GENERAL SPECIFICATIONS:

Header construction: 1/2" thick acrylic with **SADED FROSTED FIRST SURFACE FINISH/SECOND SURFACE APPLIED DIFFUSER FILM** (all 4 sides) with internal support frame and retainers. Logo and letters to be routed out w/ 1/2" clear acrylic push-thru (3/8" actual exposed) and decorated w/flat cut vinyl applied to first surface w/ returns to be flame polished. 2447 back-up acrylic.

Middle cabinet to be custom fabricated aluminum with routed graphics backed up with Acrylite 9K004 black/white acrylic; gloss side first surface. Construct so faces can be replaced to accommodate change and future needs. Inner white arrow circle to be aluminum painted and stud mounted to black/white acrylic.

Bottom cabinet to have two tone paint with vinyl address.

All exposed hardware to be painted to match sign.

Illumination to be Principal 4300K Quick Stick.

COLOR SPECIFICATIONS:

PAINT SPECIFICATIONS

- | | |
|--|---------------------------|
| (B) PROHEALTH MAIN BODY SILVER CUSTOM | (E) Pantone Warm Gray 1c |
| (C) Mp07897 (Top Coat 5% Fine METALLIC by Weight in SATIN CLEAR) | (F) Match Acrylic - White |
| (D) Pantone Cool Gray 8c | |

VINYL SPECIFICATIONS

- | | |
|---|---|
| (1) 3M #VT4-3630-8429 ProHealth Care Blue Logos | (5) #7725-12 Black Main ID Copy |
| (2) #3730-20L White Logos/ 1st surface | (6) #680-85 Reflective Black Address Copy |



ACCOUNT: **PRO-HEALTH CARE - Rehabilitation Hosp.** PRODUCTION PROCESSING
LOCATION: **Waukesha, WI** Kieffer Item # _____
ACCT. REP: **J. McCarthy** DESIGNER: **TVS** Job # _____
DATE: **06/21/17** -001 _____
COMPANION FILES -002 _____
-003 _____
-004 _____
-005 _____



REVISIONS:
A Remove "In Partnership w...Healthcare" tagline
B Rev to match v6 drawings provided by PHC
C
D
E
F
G
H

INITIALS & DATE:
TVS 06/19/17
TVS 07/27/17

This is an original unpublished drawing submitted for use in connection with a project being planned for you by Kieffer Holding Co. It is not to be reproduced, copied or exhibited in any fashion without the written permission of Kieffer Holding Company.

585 Bond Street, Lincolnshire, Illinois 60069
PHONE: (877) 543-3337 FAX: (847) 520-1543
www.kieffersigns.com

B73329A

PERMIT NUMBER

PERMANENT SIGN PERMIT APPLICATION

ONE APPLICATION PER SIGN

SITE ADDRESS : 11625 Coldwater Creek Dr

Total Number of signs applying for today: 6 Value of Sign(\$) \$ 8,000
FEE: \$40 min. or \$1 per sq. ft. Required in full at time of submittal. **FEE IS NON-REFUNDABLE.**

Location of THIS sign: #2 on the Site Plan

Office Use Only

☐ PICTURE/Drawing/Site Plan

☐ FEE

☐ ELECTRICAL PERMIT

Paid: _____ Initials: _____

Business Name: Pro Health Rehabilitation Hospital of Wisconsin
Owner Name: Pro Health Rehabilitation Hospital of Wisconsin
Business Phone: 262-521-8800
For questions call: ☐ Business ☒ Sign Contractor

Sign Contractor: Kieffer/Starlife- Attn: Jeff Fuhrmann
Address: 3322 Washington Avenue
City/State/Zip: Sheboygan, WI 53081
Phone: 920-453-4125

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 21017-64 ☐ 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 7'3" Vertical dimension of Sign 10' TOTAL Square Footage: 70.3 sq. ft.

If Sign is detached or projecting, please supply: Total Height 10'6" Clearance: N/A Setback: 60'
Premise Data: Street Frontage: 510' Building or Tenant Space Width: 261' Other Street Frontage: 493'

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 [Signature] Print Name Jeff Fuhrmann Date 8/24/2017

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.

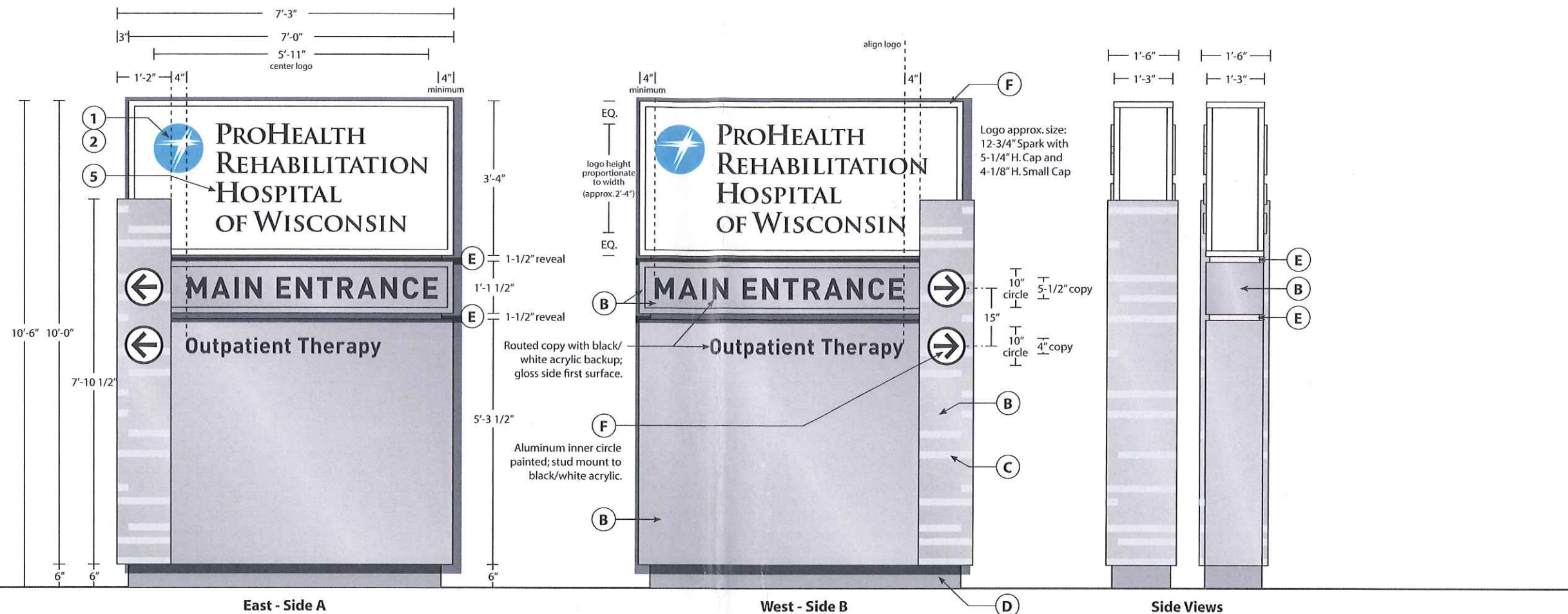
Review Board meets the 3rd Monday of the month at 8:15 am. DEADLINE IS THE MONDAY BEFORE THE MEETING.

See Drawing B73329B



PROHEALTH CARE

Sign Type D1 Internally Illuminated Primary Directional
Sign Location #002



SCALE: 3/8" = 1'-0"

GENERAL SPECIFICATIONS:

Header construction: 1/2" thick acrylic with **SANDED FROSTED FIRST SURFACE FINISH/SECOND SURFACE APPLIED DIFFUSER FILM** (all 4 sides) with internal support frame and retainers. Logo and letter to be routed out w/ 1/2" clear acrylic push-thru (3/8" actual exposed) and decorated w/flat cut vinyl applied to first surface w/ returns to be flame polished. 2447 back-up acrylic.

Middle and main body cabinet to be custom fabricated aluminum with routed graphics backed up with Acrylite 9K004 black/white acrylic; gloss side first surface. Construct so faces can be replaced to accommodate change and future needs. Inner white arrow circle to be aluminum painted and stud mounted to black/white acrylic.

All exposed hardware to be painted to match sign.

Illumination to be Principal 4300K Quick Stick.

COLOR SPECIFICATIONS:

PAINT SPECIFICATIONS

- (B) PROHEALTH MAIN BODY SILVER CUSTOM (E) Pantone Warm Gray 1c
(C) Mp07897 (Top Coat 5% Fine METALLIC by Weight in SATIN CLEAR) (F) Match Acrylic - White
(D) Pantone Cool Gray 8c

VINYL SPECIFICATIONS

- (1) 3M #VT4-3630-8429 ProHealth Care Blue Logos (5) #7725-12 Black Main ID Copy
(2) #3730-20L White Logos/ 1st surface



ACCOUNT: PRO-HEALTH CARE - Rehabilitation Hosp. PRODUCTION PROCESSING
LOCATION: Waukesha, WI Kieffer Item #
ACCT. REP: J. McCarthy DESIGNER: TVS Job #
DATE: 06/21/17 -001 -
COMPANION FILES -002 -
-003 -
-004 -
-005 -



REVISIONS:
A Remove "In Partnership w...Healthcare" tagline
B Rev to match v6 drawings provided by PHC
C
D
E
F
G
H
I
J
K
L
M
N
O
P
Q
R
S
T
U
V
W
X
Y
Z
AA
AB
AC
AD
AE
AF
AG
AH
AI
AJ
AK
AL
AM
AN
AO
AP
AQ
AR
AS
AT
AU
AV
AW
AX
AY
AZ
BA
BB
BC
BD
BE
BF
BG
BH
BI
BJ
BK
BL
BM
BN
BO
BP
BQ
BR
BS
BT
BU
BV
BW
BX
BY
BZ
CA
CB
CC
CD
CE
CF
CG
CH
CI
CJ
CK
CL
CM
CN
CO
CP
CQ
CR
CS
CT
CU
CV
CW
CX
CY
CZ
DA
DB
DC
DD
DE
DF
DG
DH
DI
DJ
DK
DL
DM
DN
DO
DP
DQ
DR
DS
DT
DU
DV
DW
DX
DY
DZ
EA
EB
EC
ED
EE
EF
EG
EH
EI
EJ
EK
EL
EM
EN
EO
EP
EQ
ER
ES
ET
EU
EV
EW
EX
EY
EZ
FA
FB
FC
FD
FE
FF
FG
FH
FI
FJ
FK
FL
FM
FN
FO
FP
FQ
FR
FS
FT
FU
FV
FW
FX
FY
FZ
GA
GB
GC
GD
GE
GF
GG
GH
GI
GJ
GK
GL
GM
GN
GO
GP
GQ
GR
GS
GT
GU
GV
GW
GX
GY
GZ
HA
HB
HC
HD
HE
HF
HG
HH
HI
HJ
HK
HL
HM
HN
HO
HP
HQ
HR
HS
HT
HU
HV
HW
HX
HY
HZ
IA
IB
IC
ID
IE
IF
IG
IH
II
IJ
IK
IL
IM
IN
IO
IP
IQ
IR
IS
IT
IU
IV
IW
IX
IY
IZ
JA
JB
JC
JD
JE
JF
JG
JH
JI
JJ
JK
JL
JM
JN
JO
JP
JQ
JR
JS
JT
JU
JV
JW
JX
JY
JZ
KA
KB
KC
KD
KE
KF
KG
KH
KI
KJ
KK
KL
KM
KN
KO
KP
KQ
KR
KS
KT
KU
KV
KW
KX
KY
KZ
LA
LB
LC
LD
LE
LF
LG
LH
LI
LJ
LK
LM
LN
LO
LP
LQ
LR
LS
LT
LU
LV
LW
LX
LY
LZ
MA
MB
MC
MD
ME
MF
MG
MH
MI
MJ
MK
ML
MM
MN
MO
MP
MQ
MR
MS
MT
MU
MV
MW
MX
MY
MZ
NA
NB
NC
ND
NE
NF
NG
NH
NI
NJ
NK
NL
NM
NN
NO
NP
NQ
NR
NS
NT
NU
NV
NW
NX
NY
NZ
OA
OB
OC
OD
OE
OF
OG
OH
OI
OJ
OK
OL
OM
ON
OO
OP
OQ
OR
OS
OT
OU
OV
OW
OX
OY
OZ
PA
PB
PC
PD
PE
PF
PG
PH
PI
PJ
PK
PL
PM
PN
PO
PP
PQ
PR
PS
PT
PU
PV
PW
PX
PY
PZ
QA
QB
QC
QD
QE
QF
QG
QH
QI
QJ
QK
QL
QM
QN
QO
QP
QQ
QR
QS
QT
QU
QV
QW
QX
QY
QZ
RA
RB
RC
RD
RE
RF
RG
RH
RI
RJ
RK
RL
RM
RN
RO
RP
RQ
RR
RS
RT
RU
RV
RW
RX
RY
RZ
SA
SB
SC
SD
SE
SF
SG
SH
SI
SJ
SK
SL
SM
SN
SO
SP
SQ
SR
SS
ST
SU
SV
SW
SX
SY
SZ
TA
TB
TC
TD
TE
TF
TG
TH
TI
TJ
TK
TL
TM
TN
TO
TP
TQ
TR
TS
TT
TU
TV
TW
TX
TY
TZ
UA
UB
UC
UD
UE
UF
UG
UH
UI
UJ
UK
UL
UM
UN
UO
UP
UQ
UR
US
UT
UU
UV
UW
UX
UY
UZ
VA
VB
VC
VD
VE
VF
VG
VH
VI
VJ
VK
VL
VM
VN
VO
VP
VQ
VR
VS
VT
VU
VV
VW
VX
VY
VZ
WA
WB
WC
WD
WE
WF
WG
WH
WI
WJ
WK
WL
WM
WN
WO
WP
WQ
WR
WS
WT
WU
WV
WW
WX
WY
WZ
XA
XB
XC
XD
XE
XF
XG
XH
XI
XJ
XK
XL
XM
XN
XO
XP
XQ
XR
XS
XT
XU
XV
XW
XX
XY
XZ
YA
YB
YC
YD
YE
YF
YG
YH
YI
YJ
YK
YL
YM
YN
YO
YP
YQ
YR
YS
YT
YU
YV
YW
YX
YZ
ZA
ZB
ZC
ZD
ZE
ZF
ZG
ZH
ZI
ZJ
ZK
ZL
ZM
ZN
ZO
ZP
ZQ
ZR
ZS
ZT
ZU
ZV
ZW
ZX
ZY
ZZ

This is an original unpublished drawing submitted for use in connection with a project being planned for you by Kieffer Holding Co. It is not to be reproduced, copied or exhibited in any fashion without the written permission of Kieffer Holding Company.

585 Bond Street, Lincolnshire, Illinois 60069
PHONE: (877) 543-3337 FAX: (847) 520-1543
www.kieffersigns.com

B73329B

PERMIT NUMBER

PERMANENT SIGN PERMIT APPLICATION

ONE APPLICATION PER SIGN

SITE ADDRESS : 1625 Coldwater Creek Drive

Total Number of signs applying for today: 5 Value of Sign(s) \$ 4525

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

Location of THIS sign: #6 on site plan

Office Use Only

☐ PICTURE/Drawing/Site Plan

☐ FEE

☐ ELECTRICAL PERMIT

Paid: _____ Initials: _____

Permit copy will be mailed to this address

Business Name: ProHealth Rehabilitation Hospital of WI Sign Contractor: Kieffer/Starlite Attn: Jeff Fuhrmann

Owner Name: ProHealth Rehabilitation Hospital of WI Address: 3322 Washington Avenue

Business Phone: 262-521-8800 City/State/Zip: Sheboygan, WI 53081

For questions call: ☐ Business ☒ Sign Contractor Phone: 920-453-4125

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 3' Vertical dimension of Sign 4'4 1/2" TOTAL Square Footage: 13.8 sq. ft.

If Sign is detached or projecting, please supply: Total Height 4'10 1/2" Clearance: N/A Setback: See site plan

Premise Data: Street Frontage: Please see attached site plan 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 [Signature] Print Name Jeff Fuhrmann Date 8/24/2017

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

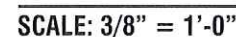
INCOMPLETE APPLICATIONS MAY NOT BE PROCESSED.

Review Board meets the 3rd Monday of the month at 8:15 am. DEADLINE IS THE MONDAY BEFORE THE MEETING.

See Drawings B73329D non-illuminated






Sign Type D4 Non-Illuminated Small Directional
Sign Location #006



NOTE: Artwork for accent bands will be provided.

COLOR SPECIFICATIONS:

PAINT SPECIFICATIONS

- (B)**  PROHEALTH MAIN BODY SILVER CUSTOM
(C)  Mp07897 (Top Coat 5% Fine METALLIC by Weight in SATIN CLEAR)
(D)  Pantone Cool Gray 8c

VINYL SPECIFICATIONS

- ④ ☐ #680-10 Reflective White

PERMANENT SIGN PERMIT APPLICATION

ONE APPLICATION PER SIGN

SITE ADDRESS : 1625 Coldwater Creek Drive

Total Number of signs applying for today: 5 Value of Sign(s) \$ 4,525
FEE: \$40 min. or \$1 per sq. ft. Required in full at time of submittal. FEE IS NON-REFUNDABLE.

Location of THIS sign: #5 on site plan

Office Use Only

☐ PICTURE/Drawing/Site Plan

☐ FEE

☐ ELECTRICAL PERMIT

Paid: _____

Initials: _____

Business Name: ProHealth Rehabilitation Hosp. of WI Sign Contractor: Kieffer/Starlite-attn: Jeff Fuhrmann

Owner Name: ProHealth Rehab. Hosp. of WI Address: 3322 Washington Avenue

Business Phone: 262-521-8800 City/State/Zip: Sheboygan, WI 53081

For questions call: ☐ Business ☒ Sign Contractor Phone: 920-453-4125 920-946-9906 cell

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 3' Vertical dimension of Sign 4'4 1/2" TOTAL Square Footage: 13.8 sq. ft.

If Sign is detached or projecting, please supply: Total Height 4'10 1/2" Clearance: N/A Setback: See site plan

Premise Data: Street Frontage: Coldwater St 510' (North East to South West 326' 5") (North West to South East 241') Building or Tenant Space Width: 493' Meadow Brook

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 Jeff Fuhrmann

Print Name Jeff Fuhrmann

Date 8/14/2017

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

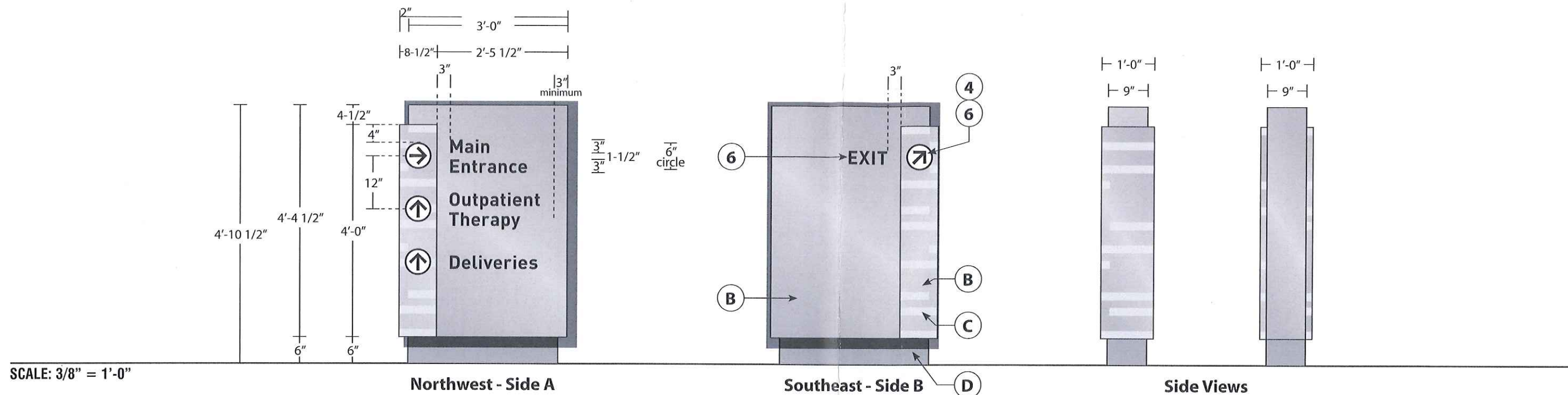
Authorized Signature _____

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.

See drawing B73329C - NON-Illuminated directional



GENERAL SPECIFICATIONS:

NON-ILLUMINATED D/F DIRECTIONAL SIGN

Cabinet to be custom fabricated aluminum with painted finish and reflective vinyl graphics applied first surface.

All exposed hardware to be painted to match sign.

NOTE: Artwork for accent bands will be provided.

COLOR SPECIFICATIONS:

PAINT SPECIFICATIONS

- B** PROHEALTH MAIN BODY SILVER CUSTOM
- C** Mp07897 (Top Coat 5% Fine METALLIC by Weight in SATIN CLEAR)
- D** Pantone Cool Gray 8c

VINYL SPECIFICATIONS

- 4** #680-10 Reflective White

PERMANENT SIGN PERMIT APPLICATION

ONE APPLICATION PER SIGN

SITE ADDRESS : 1625 Coldwater Creek Drive

Total Number of signs applying for today: 5 Value of Sign(\$) \$ 3250

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

Location of THIS sign: # 8 on Site plan

Office Use Only

☐ PICTURE/Drawing/Site Plan

☐ FEE

☐ ELECTRICAL PERMIT

Paid: Initials:

Business Name: ProHealth Rehabilitation Hospital

Sign Contractor: Kieffer/Starlite Attn: Jeff Fuhrmann

Owner Name: ProHealth Rehab Hospital of WI

Address: 3322 Washington Ave

Business Phone: 262-521-8800

City/State/Zip: Sheboygan, WI 53081

For questions call: ☐ Business ☒ Sign Contractor

Phone: 920-453-4125

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 - 91 - 11764 ☐ NO ☐ NOT APPLICABLE

ATTACH A COLOR PHOTO, DRAWING, AND/OR SITE PLAN. Show dimensions to scale, colors, and location of sign.

uncertain if considered new or existing.

CHECK ONE: ☒ New Sign ☒ Existing Sign ☐ Face Change Only

TYPE OF SIGN (Circle all that apply): ☒ Wall ☐ Door ☐ Projecting ☐ Window ☐ Roof ☐ Billboard

* Existing letters to be retrofitted w/white LEDs Flat ☐ Awning ☐ Freestanding ☐ Yard ☐ Double Face

Horizontal Width of Sign 10'2 1/8" Vertical dimension of Sign 15.5' 12 3/8" TOTAL Square Footage: 13.14 sq. ft.

If Sign is detached or projecting, please supply: Total Height N/A Clearance: N/A Setback: N/A

Premise Data: Street Frontage: Coldwater St 102' (NW-SW 326.5') Building or Tenant Space Width: (NW-SW 261') Other Street Frontage: 493' meadowbrook

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 Jeff Fuhrmann

Date 8/24/2017

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.

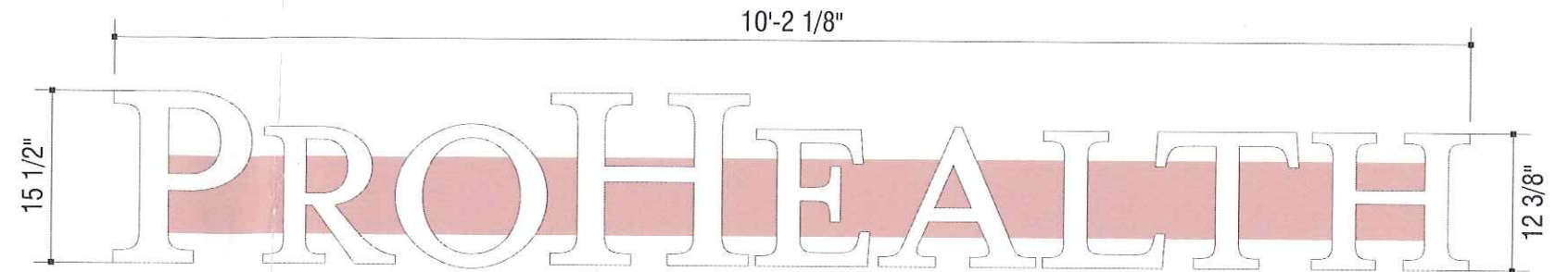
☐ Denied Does not conform to:

☐ 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

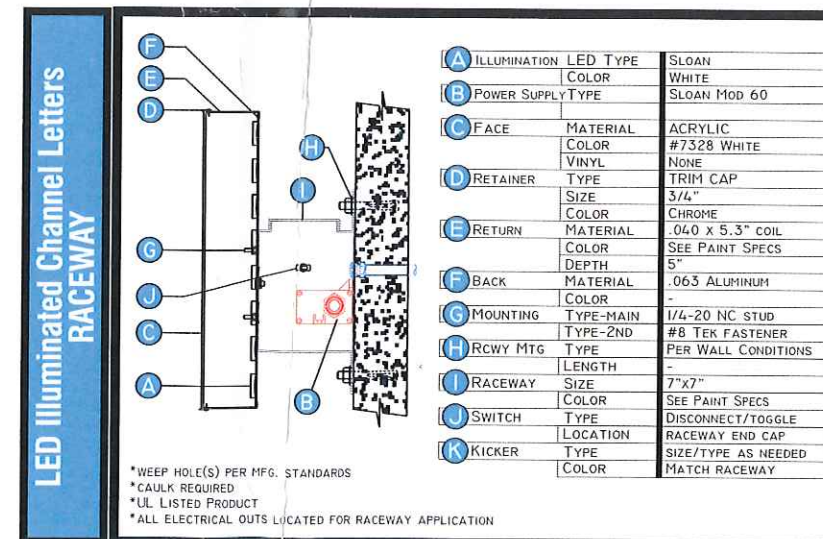
INCOMPLETE APPLICATIONS MAY NOT BE PROCESSED.



Channel Letter Set Layout

13.14 SQ.FT.

SCALE: 3/4" = 1'- 0"



GENERAL SPECIFICATIONS:

Remove existing 'SWOOSH' element and manufacture & install NEW internally illuminated raceway mounted channel letter set. Letters mounted to building above existing Rehabilitation letters. Illumination provided by White LEDs.

Existing letters to be retro-fitted with White LEDs

COLOR SPECIFICATIONS:

PAINT SPECIFICATIONS

paint to match ProHealth Care Blue Returns

paint to match SW 6353 Chivalry Copper Raceway

REVISIONS:

Revise font for "ProHealth" CL

INITIALS & DATE:

TVS 7/26/17





MAIN ENTRANCE

1625

Jeff Fuhrmann
3322 Washington Ave
Sheboygan, WI. 53081
March 21, 2017



City of Waukesha
210 Delafield Street, Room 200
Waukesha, WI 53188

Building Inspection Department:

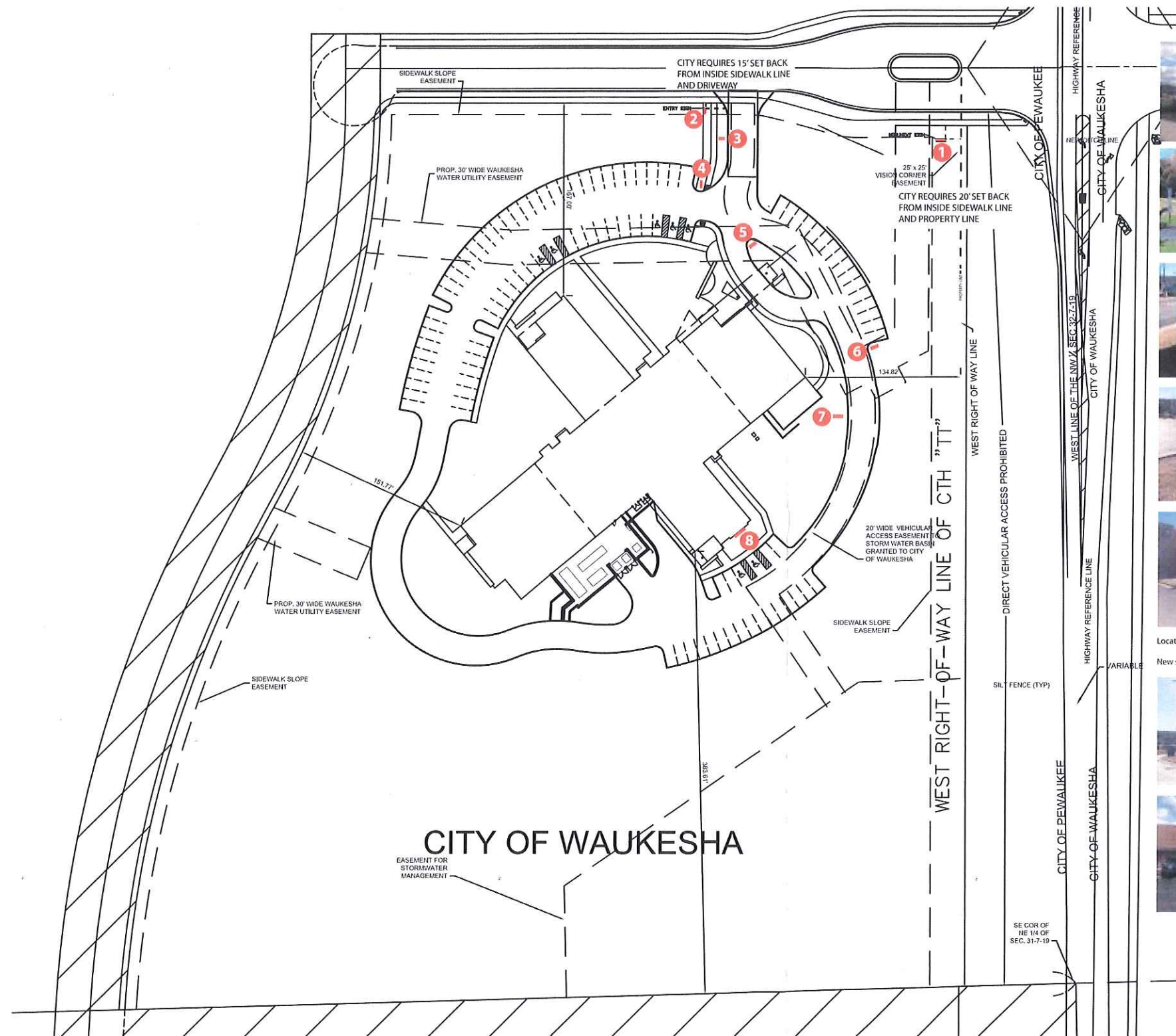
Please review the enclosed (5) permit applications for approval. Once approved please send approval notice to jfuhrmann@kiefferisigns.com . If you were to have any questions please feel free to contact me.

The following Documents are included:

- Site Plan, Font chart, and color palette
- Copy of paid Electrical Permit
- Permit application and drawing for sign Location #1. Remove existing Main ID Monument sign and replace it with 192 sq', 12' x16'6" OAH Monument type sign as shown on enclosed Drawing B73329A. (Required permitting fee = \$192)
- Permit application and drawing for sign Location #2 remove existing Primary Directional Monument sign and replace it with 70.3 sq', 7'3" x10'6 OAH Primary Directional Monument type sign as shown on enclosed Drawing B73329B. (required permitting fee= \$72)
- Permit application and drawing for sign Location #6 Install new 13.8 sq', 3' x 4'10-1/2" OAH Non-illuminated Directional type sign as shown on enclosed Drawing B73329D. (required permitting fee= \$40)
- Permit application and drawing for sign Location #5 Remove existing sign and Install new 13.8 sq', 3' x 4'10-1/2" OAH Non-illuminated Directional type sign as shown on enclosed Drawing B73329C. (required permitting fee= \$40)
- Permit application and drawing for sign Location #6 Install new 13.8 sq', 3' x 4'10-1/2" OAH Non-illuminated Directional type sign as shown on enclosed Drawing B73329D. (required permitting fee= \$40)
- Permit application and drawing for sign Location #8 Remove existing accent, Install new 13..14 sq', 10'2-1/8" x 1'3-1/2" Raceway Mounted Channel Letter reading Pro-health. Update existing letter reading with Retro fitted LED illuminations shown on enclosed Drawing B73329. (required permitting fee= \$40)
- Check for \$383 payable to Waukesha for required permit fees.

Thank You,
Jeff Fuhrmann
Vice President of Manufacturing
jfuhrmann@kieffersigns.com
Direct ph: 920-453-4125
Cell ph: 920-946-9906





DEMO & INSTALL PLAN

- Location 1 - Current set back is 12'-8" from sidewalk on Coldwater & 60'-0" off of Meadowbrook.
Remove & dispose 128 sq. ft.
New sign 192 sq. ft.
- Location 2 - Current set back is 66" from sidewalk on Coldwater & 69" off sidewalk at driveway.
Remove & dispose 50 sq. ft.
New sign 70 sq. ft.
- Location 3 - Remove and dispose 17.5 sq. ft.
- Location 4 - Remove and dispose 17.5 sq. ft.
New sign 13.8 sq. ft.
- Location 5 - Remove and dispose 17.5 sq. ft.
New sign 13.8 sq. ft.
- Location 6 - New sign recommendation
New sign 13.8 sq. ft.
- Location 7 - Remove and dispose 17.5 sq. ft.
- Location 8 - Remove and dispose of 30.6 sq. ft. "swoosh"
Replace neon in existing letters and replace with LED
New sign 13.14 sq. ft.

TYPESTYLES

DIN Bold

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z
a b c d e f g h i j k l m n o p q r s t u v w x y z
1 2 3 4 5 6 7 8 9 0

Use optical kerning. Reference tracking information provided on drawings.
Fabricator may modify lettering, as necessary, for proper fabrication and illumination.
Sign manufacturer is responsible for producing all production artwork.

Font technical details:

FF DIN Std. Black; Foundry: FontFont; Technical Name: DINOffc-Black; Format: Mac & Win OpenType - TrueType (.ttf)

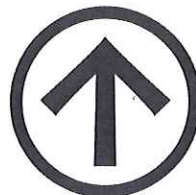
FF DIN Std. Bold; Foundry: FontFont; Technical Name: DINOffc-Bold; Format: Mac & Win OpenType - TrueType (.ttf)

These fonts can be purchased from www.fonts.com

SYMBOLS

EPS artwork of arrow will be provided.
In addition, EPS artwork of accent
bands for Sign Types M4, D1 and D4 will
be provided as noted on drawings.

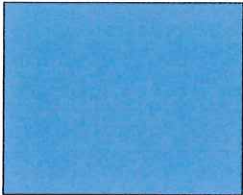

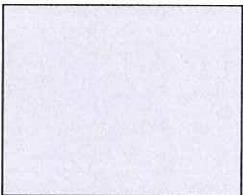
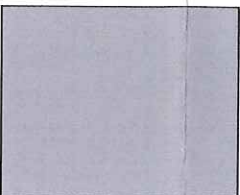
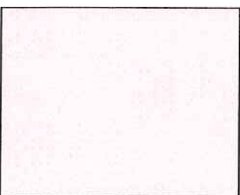
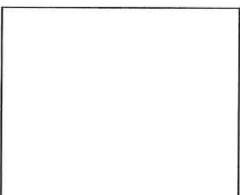
Sign manufacturer is responsible for
accurate sizing and color matching
of all artwork.




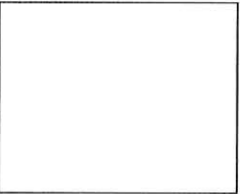
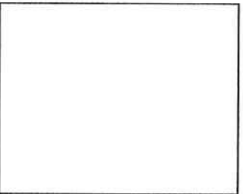
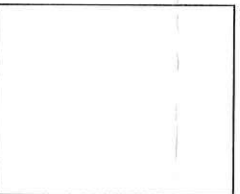


arrow.eps



Paint Colors

| COLOR A | COLOR B | COLOR C | COLOR D | COLOR E | COLOR F |
|---|--|--|---|---|---|
|  |  |  |  |  |  |
| ProHealth Care Blue To match Pantone 660C | ProHealth Main Body Silver Custom | ProHealth Accent Bands Silver Custom (Top coat 5% Fine Metallic by weight in Satin Clear) | To match Pantone Cool Gray 8C | To match Pantone Warm Gray 1C | To match Acrylic Header |

Vinyl Colors

| COLOR 1 | COLOR 2 | COLOR 3 | COLOR 4 | COLOR 5 | COLOR 6 |
|---|--|---|---|---|---|
|  |  |  |  |  |  |
| 3M Custom Translucent to match ProHealth Care Blue | 3M Translucent 3730-20L White | 3M Diffuser 3735-60 White | 3M Reflective 680-10 White | 3M Opaque 7725-12 Black | 3M Reflective 680-85 Black |

Color Palette

Fabricator is responsible for matching all colors and materials as specified and is required to provide color and material samples for client approval.

Colors shown here are only approximate representations. Reference the actual specified product for color matching.

Ask for Mary @ 2:15

ELC17-64

Job #934416 Glenn Miller

This form is also available online at <http://waukesha-wi.gov/1207/Permits-Licenses>

CITY OF WAUKESHA · 201 DELAFIELD STREET · WAUKESHA, WI 53188 · (262) 524-3530
DEPARTMENT OF COMMUNITY DEVELOPMENT - BUILDING INSPECTION

APPLICATION FOR ELECTRICAL PERMIT

JOB ADDRESS: 1625 Coldwater Creek Drive Date: 07/14/2017 Permit #: _____

Owner Name: ProHealth Rehabilitation Hospital of Wisconsin Estimate of Cost \$2,350.00

Elec. Contractor Company: Staff Electric Co Phone 262-781-8230 Contractor License # / Exp Date 637946

Master Electrician Name Jamie Sullivan Phone 262-781-8230 Master License # / Exp Date 170140

Address: PO Box 917 City/Zip: Butler, WI 53007

No. of Units _____ Heat Contractor Name: _____

➡ DETAILS OF WORK/LOCATION: Replacement of exterior signage.

| ELECTRICAL – APPLIANCES, HVAC, MOTORS, EXT LIGHTING | No. | Amount |
|---|-----|---------|
| Area Lt Poles, Floorings for Fixtures Or Signs, Post Lanterns = \$10 Ea | 2 | 20.00 |
| Direct Wired – WH, Range, Dryer, Dishwasher, Disposal = \$6 Ea | | |
| HVAC – Electric Heating = \$5/Unit + .50/kw | | |
| HVAC – Furnace, Heat Pump, Boiler = \$15 Ea | | |
| HVAC – Refrigeration, Ac, Air Cooling Or Similar Devices = \$20 | | |
| Lamp Signs Outline Lighting = \$15 Ea | | |
| Motors = \$1/HP | | |
| ELECTRICAL – OTHER | | |
| Busways = \$1/Ft | | |
| Failure To Call For Inspection, Install And Final \$75 | | |
| Fuel Dispensing Pumps Including LP & CNG = \$25 Ea | | |
| Generators, Transformers = .50/kw - \$25 min. fee | | |
| Industrial Elect Furnace, Capacitor Banks, Reactors Sub-Stat = .50/kw - \$25 min. fee | | |
| Swimming Pool; Grounding of Pool & Equipment – In Ground \$75 | | |
| – Above Ground \$50 | | |
| – Spa or Hot Tub \$50 | | |
| – Hydro Massage Bathtub \$20 | | |
| Photovoltaic Systems = \$50/Inverter (Plus \$5 Per Panel) | | |
| X-Ray Or Radiation Equipment, Motion Picture Machine = \$25 Ea | | |
| ELECTRICAL – SERVICES, OUTLETS, SIGNALING, FIXTURES | | |
| Fixtures – Arc, Mercury, Sod Vapor, Quartz, Dimmer, Time Clock = \$4 Ea | | |
| Fixtures – Fluorescent = \$1.50 Ea | | |
| Fixtures – Incandescent, Led = \$1 Ea | | |
| Outlets – 120 Volts – 20 Amp or Less (Outlets in gangs are counted individually) \$1 Ea | | |
| Outlets – 220V – 20 & 30 Amp = \$5.50 Ea | | |
| Outlets – Over 30 Amps = \$6 Ea | | |
| Service – Emergency Wiring or Repairing Illegal/Condemned = \$20 | | |
| Service – Permanent and Temporary = \$30 1 st 100 Amps (Ea Addtl 100 Amp \$20) | | |
| Service – Sub-Service or Feeder Disconnect #8 And Larger = \$10 | | |
| Signaling Systems – Fire Alarm = \$20 | | |
| Signaling Systems – Heat, Smoke Detectors, Horns, Bells, Pull = \$1 Ea | | |
| Signaling Systems – Intercom, Load Management = \$4 Ea | | |
| (Minimum permit fee for this application is \$60.00) TOTAL FEES | | \$60.00 |

DOUBLE FEES SHALL BE CHARGED IF WORK IS STARTED BEFORE PERMIT IS ISSUED. This permit is in effect for 18 months from date of issue unless work is not started within 120 days of issue date, or activity ceases for more than 120 days, after which this permit shall lapse.

WORK COVERED BEFORE INSPECTION WILL BE REQUIRED TO BE TOTALLY EXPOSED FOR INSPECTION.

Jamie Sullivan
Signature of Applicant

glmiller@staffelectric.com
Email of Applicant