

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 : 2140 W. St. Paul Ave - Suite LTotal Number of signs applying for today: 1 Value of Sign(s) \$ 6,000.00FEE: \$40 min. or \$1 per sq. ft. Required in full at time of submittal. **FEE IS NON-REFUNDABLE.**Location of THIS sign: Facade Area above entrance

Office Use Only

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

Paid: _____ Initials: _____

Permit copy will be mailed to this address

Business Name: Sew Much MoreSign Contractor: Signarama MilwaukeeOwner Name: Brad KlemanAddress: 5061 W. State St.Business Phone: 262.547.7774City/State/Zip: Milwaukee, WI 53028For questions call: ☐ Business ☒ Sign ContractorPhone: 414.273.7446

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 FaceHorizontal Width of Sign 298" Vertical dimension of Sign 36" TOTAL Square Footage: 74.5 sq. ft.

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

Premise Data: Street Frontage: mail strip Building or Tenant Space Width: 500" Other Street Frontage: _____**PLEASE LIST ALL EXISTING SIGNAGE ON THE BACK OF THIS SHEET.**→ removing
"Franks Sewing Center"

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 Debi Johnstone Print Name Debi Johnstone Date 9-12-17

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.