CITY OF WAUKESHA, WISCONSIN

Authorized Signature

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

PERMANENT SIGN PERMIT APPLICATION

Office Use Only SITE ADDRESS: 1569 Racine Ave. ☐ PICTURE/Drawing/Site Plan Total Number of signs applying for today: One Value of Sign(s) \$ 1090.00 ☐ 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: Existing free standing sign - face change only. Paid: Initials: Permit copy will be mailed to this address Business Name: Hanacik Chiropractic Clinic Sign Contractor: Poblocki Sign Company LLC George Hanacik 922 S. 70th St. Owner Name: Address: Business Phone: 262-547-2321 City/State/Zip: West Allis, WI 53214 Phone: 414-453-4010 For questions call:
Business Sign Contractor 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. See drawing 78369 FC-01 **CHECK ONE:** TYPE OF SIGN (Circle all that apply): Wall Door Projecting Window Roof Billboard Awning Flat Freestanding Yard **Double Face** Horizontal Width of Sign__9' Vertical dimension of Sign 5' TOTAL Square Footage:_ If Sign is detached or projecting, please supply: Total Height Same Clearance; same Setback; Existing = same 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 Print Name Deb Burton, Poblocki Sign Co. LLC Date 9-1-17 Legal Signature OFFICE USE ONLY Gross sign area for premises: _____ Zoning District: ___ 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 Clearance ☐ Corner Vision ☐ Area ☐ Consolidation of signs □ Distracting sign ☐ Setback ☐ Other

INCOMPLETE APPLICATIONS MAY NOT BE PROCESSED.

Date of Review

SIGN SPECIFICATIONS

[A] - FACE CHANGE Material: Flex Face Color: White

Installation: By Poblocki

[B] - GRAPHICS

· III

Color: Match Customer Supplied Sample: SW 6524 COMMADORE (blue) Graphics: Digital Print

NOTE: Repaint cabinet and base to match face, by others



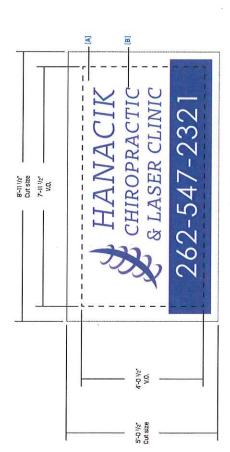
proposed day view [NTS]

existing layout [NTS]





proposed night view [NTS]



Face Layout



Hanacik Chiropractic Waukesha, WI

Original Page Size: 11" x 17 Scale: 1/2"=1'

REV DESCRIPTION 01 survey info, color 02 phone# color Revisions

BV DATE RAK 8.24,17 RAK 8.25,17

Orio, Date: 06/20/17 Rep.: Blair Benes Drawn 8y. Marshall Hogan

FC-01 D/F Face Change Sign Loc. No. .

78369 OPP - Project - Jab No

102 Design