

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 : 1569 Racine Ave.

Total Number of signs applying for today: One Value of Sign(s) \$ 1090.00FEE: \$40 min. or \$1 per sq. ft. Required in full at time of submittal. **FEE IS NON-REFUNDABLE.**Location of THIS sign: Existing free standing sign - face change only.

Office Use Only

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

Paid: _____ Initials: _____

Permit copy will be mailed to this address

Business Name: Hanacik Chiropractic ClinicSign Contractor: Poblocki Sign Company LLCOwner Name: George HanacikAddress: 922 S. 70th St.Business Phone: 262-547-2321City/State/Zip: West Allis, WI 53214For questions call: ☐ Business ☒ Sign ContractorPhone: 414-453-4010

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:

☐ 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 9' Vertical dimension of Sign 5' TOTAL Square Footage: 45 sq. ft.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

Legal Signature D. B. Burton Print Name Deb Burton, Poblocki Sign Co. LLC Date 9-1-17

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.

SIGN SPECIFICATIONS

[A] - FACE CHANGE

Material: Flex Face

Color: White

Installation: By Poblacki

[B] - GRAPHICS

Graphics: Digital Print

Color: Match Customer Supplied Sample:

SW-6524 COMMANDORE (Blue)

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



824 S. 9TH ST., WEST MILWAUKEE, WI 53214
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This document represents only an approximation of what the final product will look like. It is not a contract and is subject to change without notice.

Project

Hanacik Chiropractic
Waukesha, WI

Scale: 1/2"=1'

Original Page Size: 11" x 17"

Notes

Revisions

REV	DESCRIPTION	BY	DATE
01	survey info, color	RAK	8.24.17
02	photo, color	RAK	8.25.17

Revisions

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Sign Loc. Info.

FC-01
D/F Face Change

Sign Type

78369

OPP - Project - Job No.

102

Design



existing layout (NTS)



proposed day view (NTS)



proposed night view (NTS)



Face Layout