

CITY OF WAUKESHA, WISCONSIN

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

PERMIT NUMBER

51617-00117

PERMANENT SIGN PERMIT APPLICATION

ONE APPLICATION PER SIGN

SITE ADDRESS: 1313 Creation AveTotal Number of signs applying for today: 2 Value of Sign(s) \$ _____FEE: \$40 min. or \$1 per sq. ft. Required in full at time of submittal. **FEE IS NON-REFUNDABLE.**Location of THIS sign: Front East corner - Barn Board Sign
East Side of Building SignBusiness Name: Billy DSOwner Name: Larry EllisonBusiness Phone: 262 544-6550For questions call: ☐ Business ☒ Sign ContractorSign Contractor: Signs + Lines by StevenAddress: W240 S 3950 Rockwood Cir.City/State/Zip: Waukesha 53189Phone: 544-9628

Office Use Only

☒ PICTURE/Drawing/Site Plan☒ FEE☐ ELECTRICAL PERMITPaid: 10-10-17 Initials: ma

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- - ☐ 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 _____ Vertical dimension of Sign _____ TOTAL Square Footage: _____ sq. ft.

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

Premise Data: Street Frontage: _____ Building or Tenant Space Width: 30 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 Kathy Woyahn Print Name Katherine Woyahn Date 10/9/17

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.



PHONE 262-544-9628 FAX 262-549-0928
 W240 S3990 ROCKWOOD CIR.
 WAUKESHA, WI 53189

CUSTOMER
 CONTACT
 PHONE
 ALT. PHONE
 FAX
 EMAIL

Billy D's Bar
 Katherin
 262-385-7422
 katherinewoyahn77@gmail.com

SIGN INFO
 TYPE OF SIGN
 MATERIAL
 COLORS
 SF FOOTAGE
 HIGH OF GRADE
 TYPE OF MOUNTING
 ILLUMINATED

Flat Dibond oval sign
 East elevation
 Dibond
 black & cream
 32 Sq ft
 10.5 ft
 Bolt
 non

JOB ADDRESS
 1313 Arcadian Ave

CITY AND STATE
 Waukesha WI

DATE
 10/9/2017



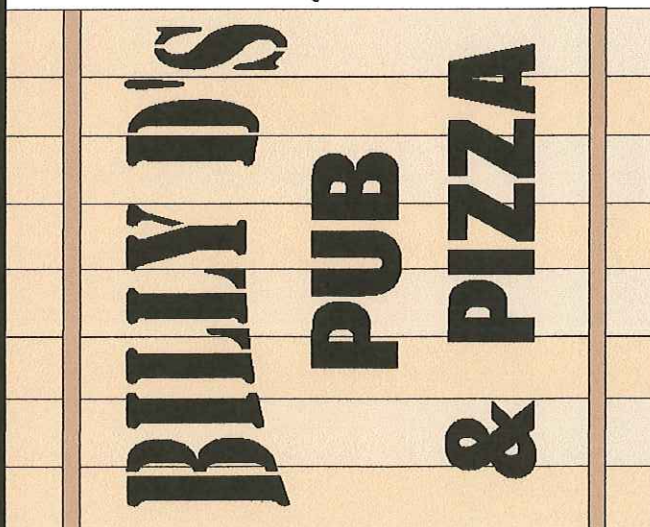
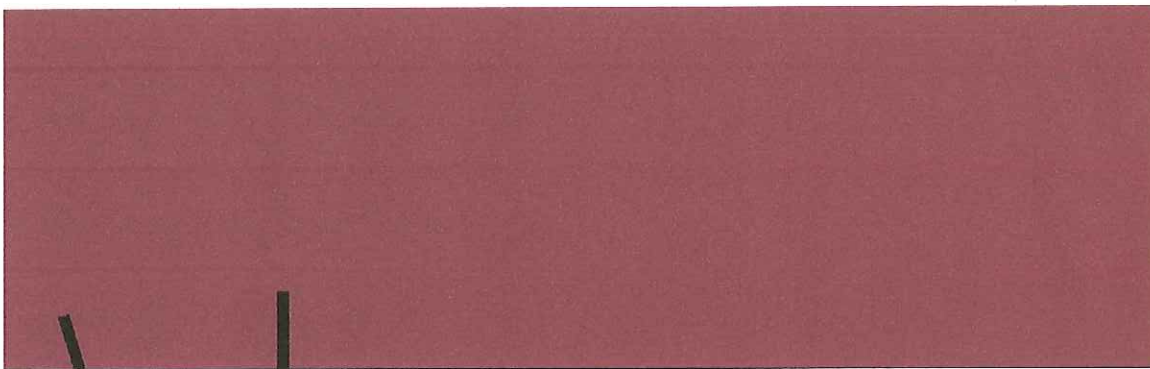
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SIGN INFO
 TYPE OF SIGN
 MATERIAL
 COLORS
 SF FOOTAGE
 HIGH OF GRADE
 TYPE OF MOUNTING
 ILLUMINATED

Flag sign
 2 sided routed sign
 sign foam
 Cream & Black text
 12 Sq ft
 14ft
 Bolted
 front lite



3FT

4FT

JOB ADDRESS
 1313 Arcadian Ave
 CITY AND STATE
 Waukesha WI
 DATE
 10/9/2017