

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: 1649 ARCADIAN AVE.Total Number of signs applying for today: 2 Value of Sign(s) \$ 3,100.00FEE: \$40 min. or \$1 per sq. ft. Required in full at time of submittal. **FEE IS NON-REFUNDABLE.**Location of THIS sign: North side of building AND East side of building

Office Use Only

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

Paid: _____ Initials: _____

Permit copy will be mailed to this address

Business Name: Vehicle ConnectionsSign Contractor: FAST SIGNS / PATRICK YATESOwner Name: John + Laurie BluemelAddress: W. 173 N. 9170 ST. FRANCIS DR. Suite 1Business Phone: (262) 271-2515City/State/Zip: MENOMONEE FALLS, WI 53051For questions call: ☐ Business ☒ Sign ContractorPhone: (262) 253-0799

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 225" Vertical dimension of Sign 48" TOTAL Square Footage: 75 sq. ft.N/A If Sign is detached or projecting, please supply: Total Height _____ Clearance: _____ Setback: _____

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 John Bluemel Print Name John Bluemel Date 12/28/17

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:

<input type="checkbox"/> Height	<input type="checkbox"/> Architecturally compatible	<input type="checkbox"/> Not to face R-district	<input type="checkbox"/> Clearance	<input type="checkbox"/> Area	<input type="checkbox"/> Corner Vision
<input type="checkbox"/> Projection	<input type="checkbox"/> Avoid needless elaboration	<input type="checkbox"/> Consolidation of signs	<input type="checkbox"/> Distracting sign	<input type="checkbox"/> Setback	<input type="checkbox"/> Other

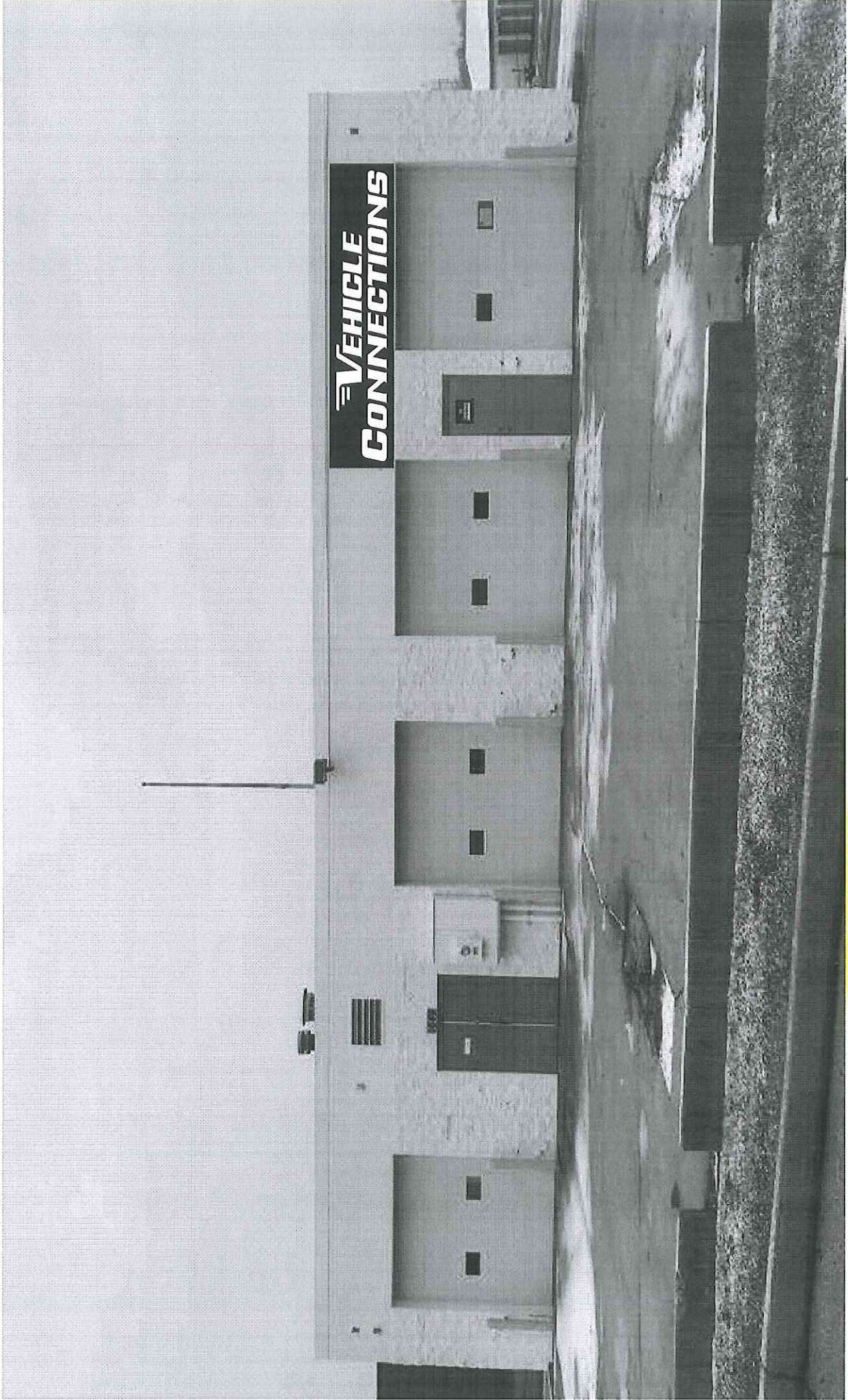
Authorized Signature _____

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.

(48" high x 225" wide)

North side of
building :



White letters on Black Background : (white building)

(48" high x 225" wide)

EAST side of building :

White letters on black background : (white building)

**VEHICLE
CONNECTIONS**

