

## 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: 1718 ManhattanTotal Number of signs applying for today: 1 Value of Sign(s) \$ 250.00FEE: \$40 min. or \$1 per sq. ft. Required in full at time of submittal. **FEE IS NON-REFUNDABLE.**Location of THIS sign: on the overhang over store front

## Office Use Only

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

Paid: \_\_\_\_\_ Initials: \_\_\_\_\_

Permit copy will be mailed to this address

Business Name: Vino SalentoOwner Name: Amy LopezBusiness Phone: 262-875-5419For questions call: ☐ Business ☒ Sign ContractorSign Contractor: Signs for SuccessAddress: 914 E. Moreland BlvdCity/State/Zip: Waukesha WI 53186Phone: 262-232-8026

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 8 ftVertical dimension of Sign 2 ftTOTAL Square Footage: 16 sq. ft.

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 Amy LopezPrint Name Amy LopezDate 1/12/18

## 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 3<sup>rd</sup> Monday of the month at 8:15 am. DEADLINE IS THE MONDAY BEFORE THE MEETING.

Alumilite Sign Face

96"

24"

*Vivo* Salon & Spa

