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

PERMANENT SIGN PERMIT APPLICATION

SITE ADDRESS: 1800 W. Saint Paul Avenue, Waukesha, WI 53188		Office Use Only PICTURE/Drawing/Site Plan
Total Number of signs applying for today: 2 Value of SignFEE: \$40 min. or \$1 per sq. ft. Required in full at time of submittal. FE		FEE
Location of THIS sign: Hanging in the front window.		☐ ELECTRICAL PERMIT Paid: Initials:
Sabeh Holdings, Inc.		l be mailed <u>to this address</u>
Business Phone: 262-679-3333	City/State/Zip:	
For questions call: 🛛 Business 🔲 Sign Contractor	Phone:	_ .
	IF THIS IS AREA IS LEFT EM	IPTY, 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 NOT APPLICABLE ATTACH A COLOR PHOTO, DRAWING, AND/OR SITE PLAN. Show dimensions to scale, colors, and location of sign.		
CHECK ONE: New Sign	TYPE OF SIGN (Circle all Wall Door Projecting Flat Awning Freestar	that apply): g Window Roof Billboard
Horizontal Width of Sign3' Vertical dimension of Sign	gn1'TOTAL Sq	juare Footage: 3 sq. ft.
If Sign is detached or projecting, please supply: Total H	eight Clearance:	Setback:
Premise Data: Street Frontage: 160' Building or Tenant Space Width: 82' Other Street Frontage: n/a		
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 perfuning to the work described herein		
Legal Signature former Print Name	James S. Sawaya	Date1/17/2018
Zoning District: Gross sign area for premises: Approved Conditions (if any): Must submit electrical permit within 30 days of meeting or p	USE ONLY Area used by other sig	ns:
☐ Denied Does not conform to:		
☐ Height ☐ Architecturally compatible ☐ Not to face R-district ☐ Projection ☐ Avoid needless elaboration ☐ Consolidation of signs		Area Corner Vision Setback Other
Authorized Signature	Date of Re	eyiew -

INCOMPLETE APPLICATIONS MAY NOT BE PROCESSED.

CITY OF WAUKESHA, WISCONSIN

Authorized Signature

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Office Use Only SITE ADDRESS: 1800 W. Saint Paul Avenue, Waukesha, WI 53188 ☐ PICTURE/Drawing/Site Plan Total Number of signs applying for today: 2 Value of Sign(s) \$ ___ \square 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: Free standing lighted sign in front of building. Initials: Sabeh Holdings, Inc. Permit copy will be mailed to this address (dba Milwaukee Custom Cycles) Sign Contractor:__ Business Name: James S. Sawaya Owner Name: Address: 262 679-3333 Business Phone: City/State/Zip: For questions call: Business Sign Contractor Phone: 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 - \boxtimes NO NOT APPLICABLE ATTACH A COLOR PHOTO, DRAWING, AND/OR SITE PLAN. Show dimensions to scale, colors, and location of sign. **CHECK ONE:** TYPE OF SIGN (Circle all that apply): Wall Door Projecting Window Roof Billboard Yard Flat Awning Freestanding Double Face Horizontal Width of Sign___ 8' Vertical dimension of Sign___4'___ TOTAL Square Footage:____ sq. ft. If Sign is detached or projecting, please supply: Total Height 14' Clearance: 10' Setback: 20' Premise Data: Street Frontage: 160' Building or Tenant Space Width: 82' Other Street Frontage: n/a 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 James S. Sawaya ____ Date 1/17/2018 Legal Signature OFFICE USE ONLY Gross sign area for premises: Area used by other signs: Zoning District: Approved Conditions (if any): Must submit electrical permit within 30 days of meeting or permit shall be voided. **Denied** Does not conform to: ☐ Corner Vision ☐ Not to face R-district Height Architecturally compatible ☐ Clearance ☐ Area Projection Avoid needless elaboration ☐ Consolidation of signs Distracting sign ☐ Setback Other

INCOMPLETE APPLICATIONS MAY NOT BE PROCESSED.

Date of Review





