

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: 2138 Silvernail Rd.Total Number of signs applying for today: 1 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: Back side of shopping center

Office Use Only	
<input type="checkbox"/>	PICTURE/Drawing/Site Plan
<input type="checkbox"/>	FEE
<input type="checkbox"/>	ELECTRICAL PERMIT
Paid: _____ Initials: _____	

Business Name: Workshop OutletOwner Name: Dan BaileyBusiness Phone: 262-613-0114For questions call: ☒ Business ☒ Sign Contractor

Permit copy will be mailed to this address

Sign Contractor: Signarama

Address: W337 N2889 Woodgate Rd Unit B

City/State/Zip: Pewaukee, WI 53072

Phone: 262-691-9994

IF THIS 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 - 18-00042 ☐ 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 55" Vertical dimension of Sign 40" TOTAL Square Footage: 15.3 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 Dan Bailey Print Name Daniel M. Bailey Date 4/30/18

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 3rd Monday of the month at 8:15 am. DEADLINE IS THE MONDAY BEFORE THE MEETING.

CUSTOMER INFO:

COMPANY NAME/CONTACT:

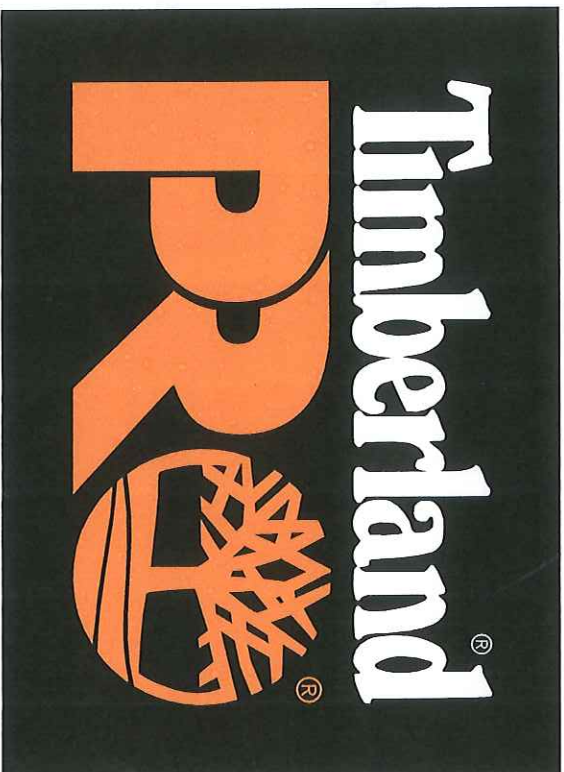
ADDRESS:

PHONE#:

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PLEASE CHECK ALL SPELLING, PUNCTUATION, FONTS, CAPITALIZATION
PHONE NUMBER, WEBSITE, COLOR & SIZE REQUIREMENTS.

55"W X 40"H



Workshoe Outlet

New Timberland Pro Light Box Sign

3/16" Acrylic Face w/Translucent Vinyl

Returns: Black

Trim Cap: Black

Face: Black, White, Orange

Illumination: LED Lights

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50% DEPOSIT DUE AT TIME OF ORDER (full amount if under \$100), balance due upon time of completion.

I HAVE READ AND AGREE TO ALL TERMS.

INITIAL _____

Pewaukee
Signarama



W237 N2889 Woodgate Rd, Unit B

Pewaukee, WI 53072

P: 262-691-9994 | F: 262-691-9995

www.signarama-pewaukee.com • info@signarama-pewaukee.com

I HAVE REVIEWED THE ABOVE SPECIFICATIONS & HEREBY FULLY UNDERSTAND THE CONTENT OF WORK TO BE PERFORMED & APPROVE THIS PROJECT TO BEGIN:

CUSTOMER APPROVAL SIGNATURE: _____

PRINT: _____

DATE: _____

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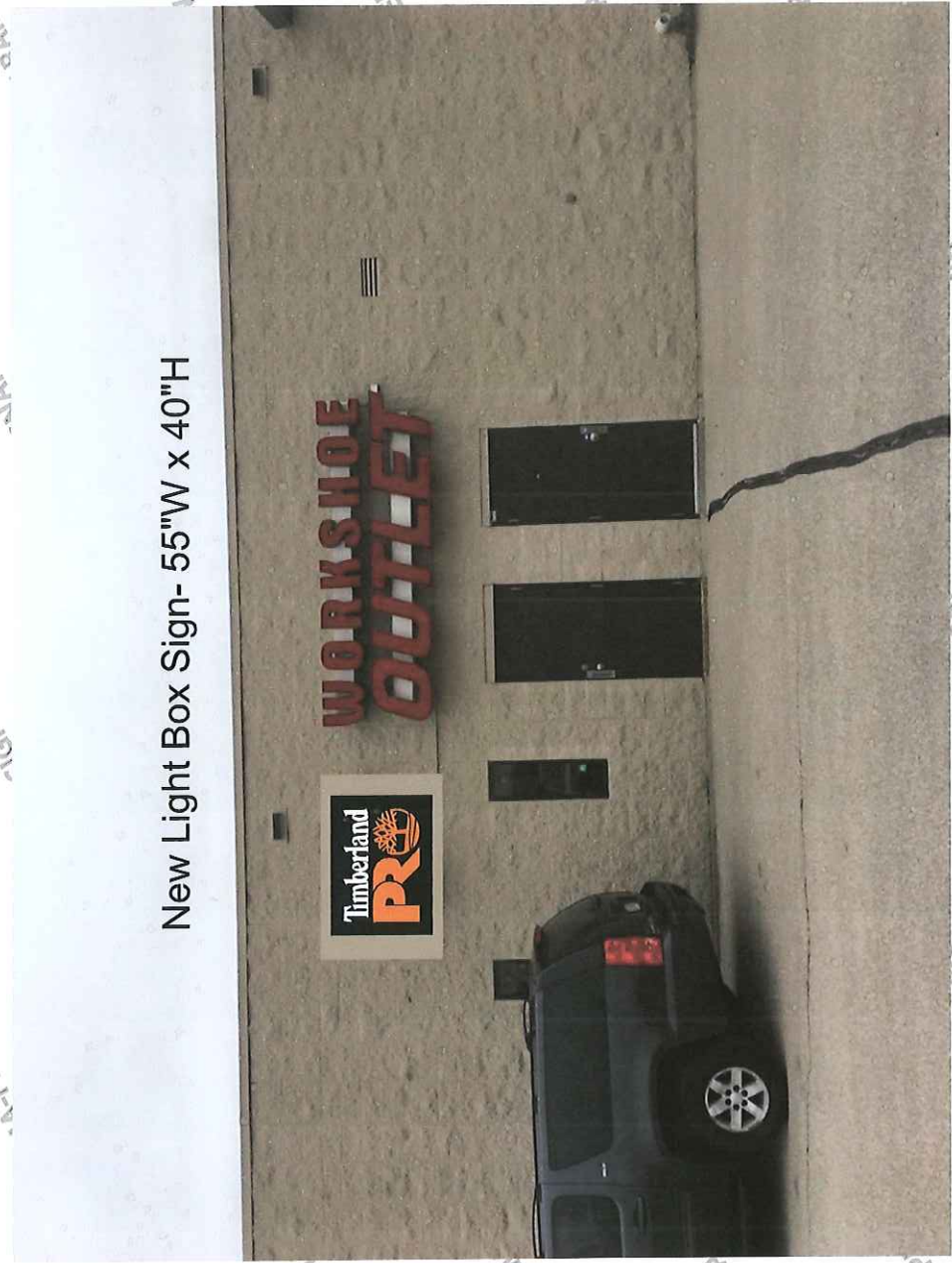
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COMPANY NAME/CONTACT:
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New Light Box Sign- 55"W x 40"H



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**WORKSHOE
OUTLET**



CUSTOMER INFO:

COMPANY NAME/CONTACT:

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PHONE#:

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