CITY OF WALKESHA WISCONSIN

201 DELAFIELD STREET * ROOM 200 * WAUKESHA, WI 53188 * PH: (262)524-3750 * FAX: (262)524-3751
PERMANENT SIGN PERMIT APPLICATION ONE APPLICATION PER SIGN
SITE 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.
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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: NO NOT APPLICABLE TYPE OF SIGN (Circle all that apply): Wall Door Projecting Window Roof Billboard Flat Awning Freestanding Yard Double Face
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: [No
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: No NOT APPLICABLE TYPE OF SIGN (Circle all that apply): Wall Door Projecting Window Roof Billboard Flat Awning Freestanding Yard Double Face Horizontal Width of Sign 72 Vertical dimension of Sign 32 TOTAL Square Footage: 16.0 sq. ft. If Sign is detached or projecting, please supply: Total Height Clearance: Setback:
ATTACH A COLOR PHOTO, DRAWING, AND/OR SITE PLAN. Show dimensions to scale, colors, and location of sign. CHECK ONE: [Minew Sign

Approved Conditions (if any):

Must submit electrical permit within 30 days of meeting or permit shall be voided.

Denied Does not conform to:

☐ Height ☐ Projection

☐ Architecturally compatible ☐ Avoid needless elaboration Not to face R-district Consolidation of signs ☐ Clearance ☐ Distracting sign

☐ Area □ Setback Corner Vision
Other

Authorized Signature

Date of Review







