CITY OF WAUKESHA, WISCONSIN

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

PERMANENT SIGN PERMIT APPLICATION

Office Use Only 2020 E. Mooreland SITE ADDRESS: ☐ PICTURE/Drawing/Site Plan Total Number of signs applying for today: _____ Value of Sign(s) \$ ☐ FEE FEE: \$40 min. or \$1 per sq. ft. Required in full at time of submittal. FEE IS NON-REFUNDABLE ☐ ELECTRICAL PERMIT Pylon Road Sign Location of THIS sign: Paid: Initials: Permit copy will be mailed to this address Boerke Co Prodigy Lighting & Sign LLC **Business Name:** Sign Contractor: KPB Inc C/O Brian Riordan 3535 14th Ave **Owner Name:** Address: Kenosha, Wi 53140 **Business Phone:** City/State/Zip: For questions call:
Business
Sign Contractor 262-652-0724 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 -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): New Sign X Existing Sign Face Change Only Door Projecting Window Roof Billboard Flat Awning eestanding Yard **Double Face** 60" **TOTAL Square Footage:**_ Horizontal Width of Sign Vertical dimension of Sign If Sign is detached or projecting, please supply: Total Height 20' Clearance: Setback: 28' Premise Data: Street Frontage: 162.13 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 Wayne Palmer ____ Date 7/18/18 Print Name_ Legal Signature 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: ☐ Architecturally compatible ☐ Not to face R-district ☐ Clearance ☐ Area ☐ Corner Vision ☐ Height Projection Distracting sign Avoid needless elaboration ☐ Consolidation of signs ☐ Setback Other Authorized Signature Date of Review

INCOMPLETE APPLICATIONS MAY NOT BE PROCESSED.

Waukesha County GIS Map

Printed: 7/18/2018

Condo Plat CSW

Assessor Plat Condo Plat CSM Subdvision Plat

LAND INFORMATION SYSTEMS DIVISION





Hex face charge only.

|||||| CUSHMAN & BOERKE

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