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: Sto Venture Cour- Total Number of signs applying for today: Value of Sig	Office Use Only
SITE ADDRESS: V. O 170 OU	□ PICTURE/Drawing/Site Plan
Total Number of signs applying for today: Value of Sig FEE: \$40 min. or \$1 per sq. ft. Required in full at time of submittal. FE	gn(s) \$ FEE
	G EL ECTRICAL DEDAME
Location of THIS sign: Tront far D	2 \( \) \( \
h. (10	Permit copy will be mailed to this address
Business Name: Dos Citi	Sign Contractor: Greg Graf  Address: 810 Vertue Court
Control 30 and the control of the co	The state of the s
	City/State/Zip: <u>(ugulosha w) 53189</u>
For questions call: Business Sign Contractor	Phone: 414-217-2840
	IF THIS AREA IS LEFT EMPTY, PERMIT WILL NOT BE MAILED.
(MANDATORY FIELD; applicat	ion will be returned if left blank.)
You must submit an electrical permit signed by a licensed HAS THIS BEEN DONE? YES, Permit No. BL	electrician with all illuminated sign permit applications.  NOT APPLICABLE
Local " ) a second	
ATTACH A COLOR PHOTO, DRAWING, AND/OR SITE PLA	AN. Show dimensions to scale, colors, and location of sign.
CHECK ONE:	TYPE OF SIGN (Circle all that apply):
New Sign Existing Sign Face Change Only	Wall Door Projecting Window Roof Billboard
	Flat Awning Freestanding Yard Double Face
Horizontal Width of Sign 4/4 Vertical dimension of Sign	
If Sign is detached or projecting, please supply: Total He	eight 3,5 Clearance: Setback: 15ff
Premise Data: Street Frontage: Building or Tenant Space	ce Width: Other Street Frontage:
PLEASE LIST ALL EXISTING SIGNA	GE ON THE BACK OF THIS SHEET.
By my signature, I state and agree, that I have carefully examined the compl	eted 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 and the Laws of the State of Wisconsin pertaining to the work described her	done in accordance with the Ordinances of the City of Waukesha,
$\Lambda \Lambda = I / \Lambda$	r r F
Legal Signature Print Name_	Greg Grat Date 9-27-18
OFFICE U.	
Zoning District: Gross sign area for premises: Approved Conditions (if any):	Area used by other signs:
Must submit electrical permit within 30 days of meeting or p	ermit shall be voided.
☐ Denied Does not conform to:	
☐ Height       ☐ Architecturally compatible       ☐ Not to face R-district         ☐ Projection       ☐ Avoid needless elaboration       ☐ Consolidation of signs	☐ Clearance ☐ Area ☐ Corner Vision ☐ Distracting sign ☐ Setback ☐ Other

INCOMPLETE APPLICATIONS MAY NOT BE PROCESSED.

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## PERMANENT SIGN PERMIT APPLICATION

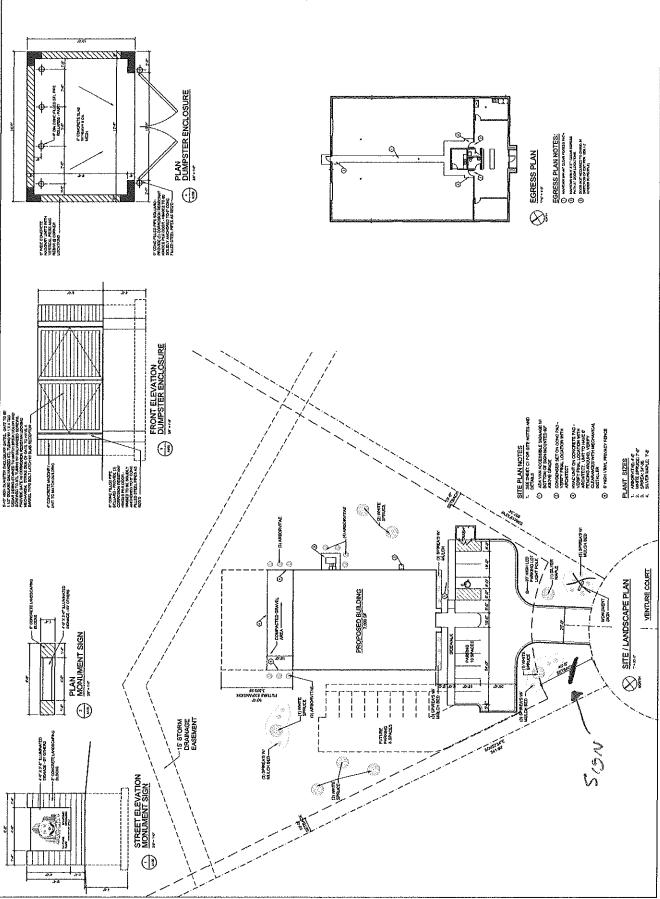
Office Use Only ☐ PICTURE/Drawing/Site Plan Total Number of signs applying for today: Value of Sign(s) \$ FEE FEE: \$40 min. or \$1 per sq. ft. Required in full at time of submittal. FEE IS NON-R ☐ ELECTRICAL PERMIT Location of THIS sign: Initials: Permit copy will be mailed to this address Sign Contractor: **Business Name:** Address: **Business Phone:** For questions call: Business Sign Contractor Phone: 4/4-2/1-28 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. YES, Permit No. BL -V NOT APPLICABLE HAS THIS BEEN DONE? NO 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 Existing Sign Face Change Only Door Projecting Window Billboard Roof Freestanding Yard **Double Face** Vertical dimension of Sign 2.5 ft **TOTAL Square Footage:** Horizontal Width of Sign sq. ft. If Sign is detached or projecting, please supply: Total Height \_\_\_\_\_ Clearance: 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 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 ☐ Avoid needless elaboration ☐ Projection ☐ Consolidation of signs Distracting sign ☐ Setback ☐ Other **Authorized Signature** Date of Review

INCOMPLETE APPLICATIONS MAY NOT BE PROCESSED.









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