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 : 2330 E MORELAND BLVD

Total Number of signs applying for today: 8 **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: front elevation - wall sign

Office Use Only
- ☐ PICTURE/Drawing/Site Plan
- ☐ FEE
- ☐ ELECTRICAL PERMIT

Paid: _____ **Initials:** _____

Business Name: ARBYS

Owner Name: ABBOTT 18 PARTNERSHIP

Business Phone: 952-473-4291

For questions call: ☐ Business ☒ Sign Contractor

Permit copy will be mailed to this address

Sign Contractor: Clover Signs LLC

Address: 932 W National Ave

City/State/Zip: Brazil IN 47834

Phone: 812 442-7446

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.**

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 4' 4 15/16" Vertical dimension of Sign 4' **TOTAL Square Footage:** 17.6 sq. ft.

If Sign is detached or projecting, please supply: Total Height _____ Clearance: _____ Setback: _____

Premise Data: Street Frontage: _____ Building or Tenant Space Width: 49'9" 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 SL SD **Print Name** SANDI GREGORY **Date** 9.18.18

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:

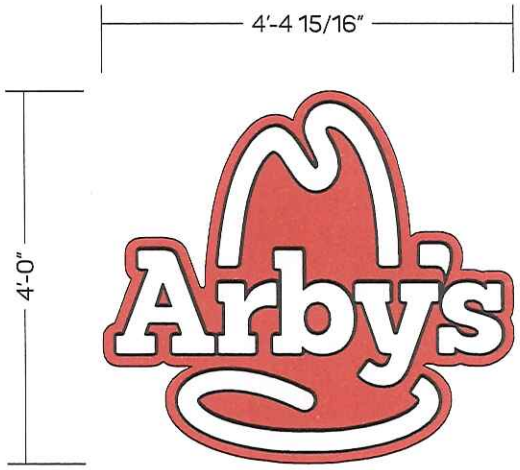
☐ Height ☐ Projection ☐ Architecturally compatible ☐ Avoid needless elaboration ☐ Not to face R-district ☐ Consolidation of signs ☐ Clearance ☐ Distracting sign ☐ Area ☐ Setback ☐ Corner Vision ☐ Other

Authorized Signature _____ Date of Review _____

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.

FRONT ELEVATION
SCALE: 1/8" = 1'-0"



1 WALL SIGN DETAIL
SCALE: 1/2" = 1'-0"

APPROVAL BOX - PLEASE INITIAL		
CUSTOMER APPROVAL		Date

NOTE: Elevation drawings are for customer approval only, drawings are not to be used as any installation guide, all dimensions must be verified before installation.

Customer:	Date:	Prepared By:	Note: Color output may not be exact when viewing or printing this drawing. All colors used are PMS or the closest CMYK equivalent. If these colors are incorrect, please provide the correct PMS match and a revision to this drawing will be made.
ARBY'S	08/29/18	KH/PKE	
Location:	File Name:		Eng:
WAUKESHA, WI	170201 - R4 - WAUKESHA WI		–

persona
SIGNS | LIGHTING | IMAGE

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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 : 2330 E MORELAND BLVD

Total Number of signs applying for today: 8 **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: Drive thru elevation - wall

Office Use Only
- ☐ PICTURE/Drawing/Site Plan
- ☐ FEE
- ☐ ELECTRICAL PERMIT

Paid: _____ **Initials:** _____

Business Name: ARBYS

Owner Name: ABBOTT IB PARTNERSHIP

Business Phone: 952-473-4291

For questions call: ☐ Business ☒ Sign Contractor

Permit copy will be mailed to this address

Sign Contractor: Clover Signs LLC

Address: 932 W National Ave

City/State/Zip: Brazil IN 47834

Phone: 812 442-7446

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.**

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 4' 4 15/16" Vertical dimension of Sign 4' **TOTAL Square Footage:** 17.6 **sq. ft.**

If Sign is detached or projecting, please supply: Total Height _____ Clearance: _____ Setback: _____

Premise Data: Street Frontage: _____ Building or Tenant Space Width: 73' 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 _____ **Print Name** SANDI GREGORY **Date** 9.18.18

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:

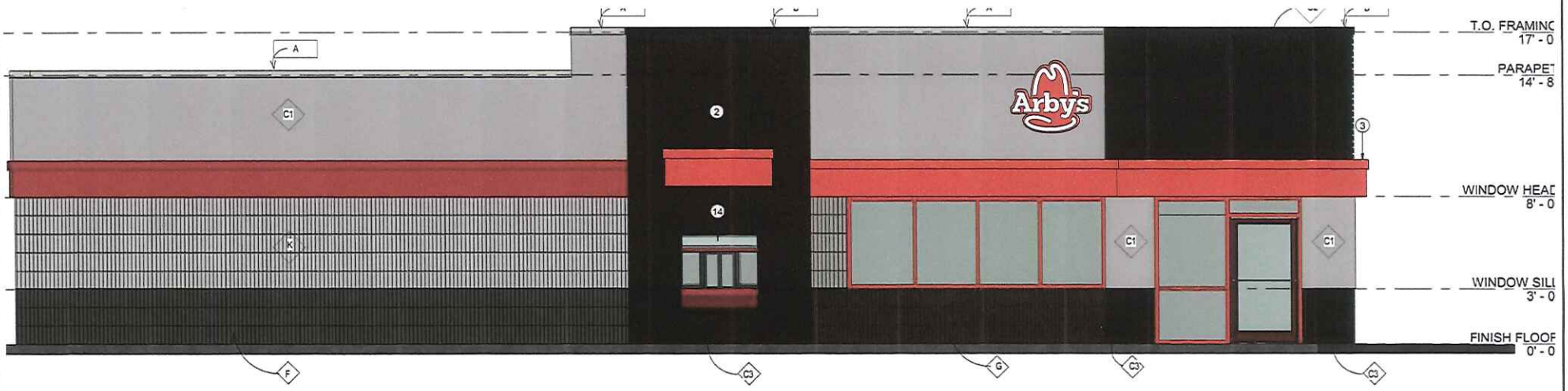
☐ Height ☐ Projection ☐ Architecturally compatible ☐ Avoid needless elaboration ☐ Not to face R-district ☐ Consolidation of signs ☐ Clearance ☐ Distracting sign ☐ Area ☐ Setback ☐ Corner Vision ☐ Other

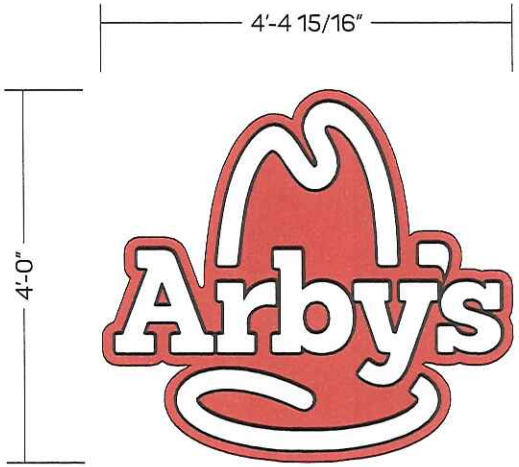
Authorized Signature _____ Date of Review _____

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.

DRIVE-THRU ELEVATION
SCALE: 1/8" = 1'-0"





2 WALL SIGN DETAIL
SCALE: 1/2" = 1'-0"

APPROVAL BOX - PLEASE INITIAL		
CUSTOMER APPROVAL		Date

NOTE: Elevation drawings are for customer approval only, drawings are not to be used as any installation guide, all dimensions must be verified before installation.

Customer: ARBY'S	Date: 08/29/18	Prepared By: KH/PKE	Note: Color output may not be exact when viewing or printing this drawing. All colors used are PMS or the closest CMYK equivalent. If these colors are incorrect, please provide the correct PMS match and a revision to this drawing will be made.	
Location: WAUKESHA, WI	File Name: 170201 - R4 - WAUKESHA WI			Eng: -

persona
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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 : 2330 E MORELAND BLVD

Total Number of signs applying for today: 8 **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: NON DRIVE thru elevation - wall

Office Use Only
- ☐ PICTURE/Drawing/Site Plan
- ☐ FEE
- ☐ ELECTRICAL PERMIT

Paid: _____ Initials: _____

Business Name: ARBYS

Owner Name: ABBOTT 18 PARTNERSHIP

Business Phone: 952-473-4291

For questions call: ☐ Business ☒ Sign Contractor

Permit copy will be mailed to this address

Sign Contractor: Clover Signs LLC

Address: 932 W National Ave

City/State/Zip: Brazil IN 47834

Phone: 812 442-7446

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.**

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 5' 1" Vertical dimension of Sign 1' 10 ¼" **TOTAL Square Footage:** 9.35 **sq. ft.**

If Sign is detached or projecting, please supply: Total Height _____ Clearance: _____ Setback: _____

Premise Data: Street Frontage: _____ Building or Tenant Space Width: 70' 1" 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 _____ **Print Name** SANDI GREGORY **Date** 9.18.18

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:

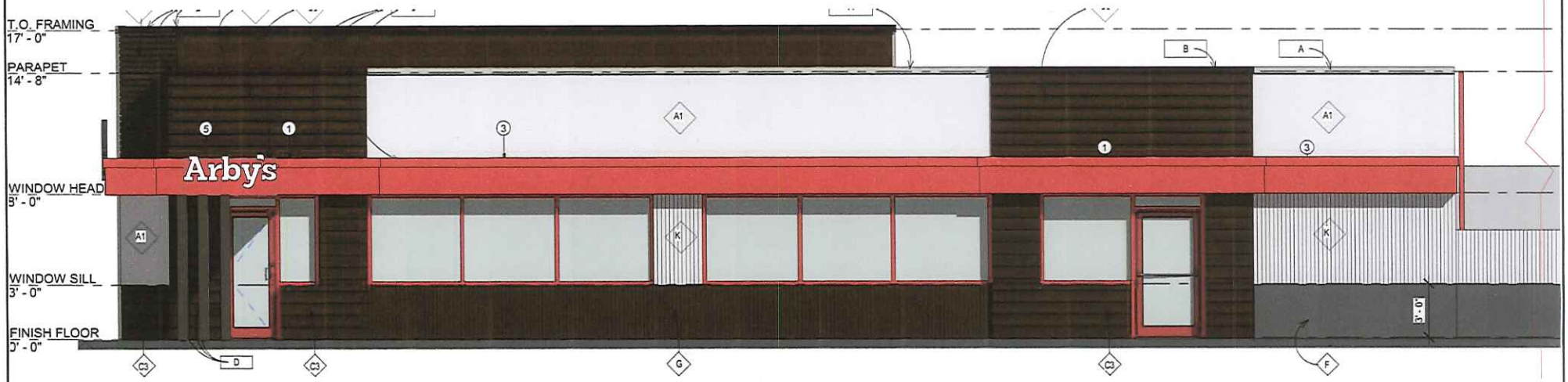
☐ Height ☐ Projection ☐ Architecturally compatible ☐ Avoid needless elaboration ☐ Not to face R-district ☐ Consolidation of signs ☐ Clearance ☐ Distracting sign ☐ Area ☐ Setback ☐ Corner Vision ☐ Other

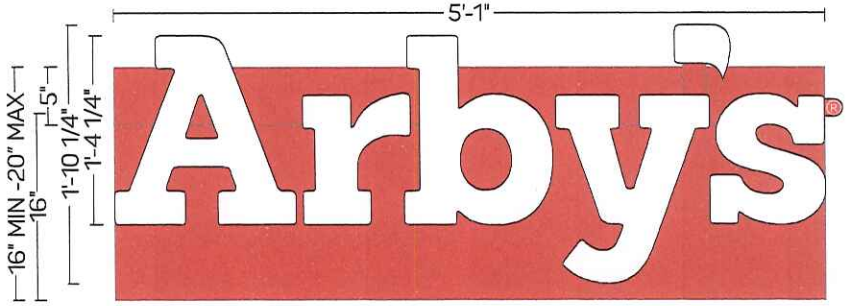
Authorized Signature _____ Date of Review _____

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.

NON DRIVE-THRU ELEVATION
SCALE: 1/8" = 1'-0"





CHANNEL LETTER DETAIL
SCALE: 3/4" = 1'-0"
3

APPROVAL BOX - PLEASE INITIAL		
CUSTOMER APPROVAL		Date

NOTE: Elevation drawings are for customer approval only, drawings are not to be used as any installation guide, all dimensions must be verified before installation.

Customer:	Date:	Prepared By:	Note: Color output may not be exact when viewing or printing this drawing. All colors used are PMS or the closest CMYK equivalent. If these colors are incorrect, please provide the correct PMS match and a revision to this drawing will be made.
ARBY'S	08/21/18	KH	
Location: WAUKESHA, WI	File Name: 170201 - R4 - WAUKESHA WI		Eng: –

persona
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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 : 2330 E MORELAND BLVD

Total Number of signs applying for today: 8 **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: Pylon / freestanding (EAST ELEVATION)

Office Use Only
- ☐ PICTURE/Drawing/Site Plan
- ☐ FEE
- ☐ ELECTRICAL PERMIT

Paid: _____ Initials: _____

Permit copy will be mailed to this address

Business Name: ARBYS
Owner Name: ABBOTT 18 PARTNERSHIP
Business Phone: 952-473-4291
For questions call: ☐ Business ☒ Sign Contractor

Sign Contractor: Clover Signs LLC
Address: 932 W National Ave
City/State/Zip: Brazil IN 47834
Phone: 812 442-7446

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.**

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 5' 3 9/16" Vertical dimension of Sign 4' 9 11/16" **TOTAL Square Footage:** 25.75 **sq. ft.**

If Sign is detached or projecting, please supply: Total Height 15' 2" Clearance: 10' 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 [signature] **Print Name** SANDI [illegible] **Date** 9.18.18

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 ☐ Projection ☐ Architecturally compatible ☐ Avoid needless elaboration ☐ Not to face R-district ☐ Consolidation of signs ☐ Clearance ☐ Distracting sign ☐ Area ☐ Setback ☐ Corner Vision ☐ Other

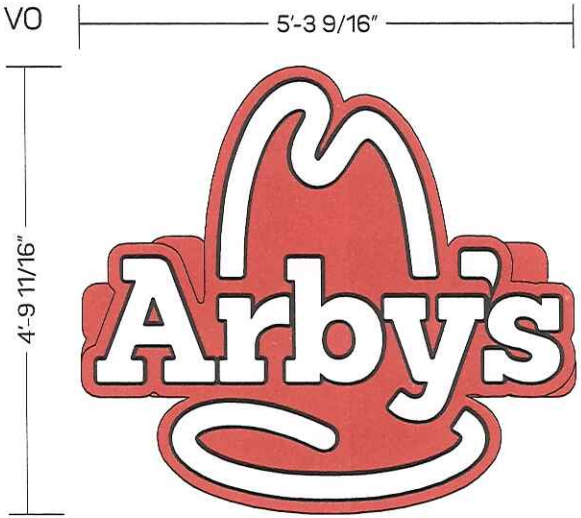
Authorized Signature _____ Date of Review _____

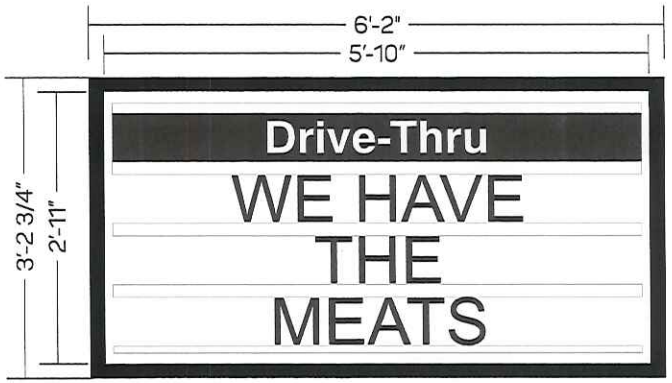
INCOMPLETE APPLICATIONS MAY NOT BE PROCESSED.

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

EXISTING
7'-10" X 62 1/2" PYLON
35" X 70" READERBOARD VO

PROPOSED





4 ROAD SIGN
SCALE: 1/2" = 1'-0"

APPROVAL BOX - PLEASE INITIAL		
CUSTOMER APPROVAL		Date

NOTE: Elevation drawings are for customer approval only, drawings are not to be used as any installation guide, all dimensions must be verified before installation.

Customer:	Date:	Prepared By:	Note: Color output may not be exact when viewing or printing this drawing. All colors used are PMS or the closest CMYK equivalent. If these colors are incorrect, please provide the correct PMS match and a revision to this drawing will be made.
ARBY'S	23AUG18	KH/SC	
Location:	File Name:		Eng:
WAUKESHA, WI	170201 - R4 - WAUKESHA WI		-

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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 : 2330 E MORELAND BLVD

Total Number of signs applying for today: 8 **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: Directional - west elevation

Office Use Only
- ☐ PICTURE/Drawing/Site Plan
- ☐ FEE
- ☐ ELECTRICAL PERMIT

Paid: _____ Initials: _____

Business Name: ARBYS

Owner Name: ABBOTT IB PARTNERSHIP

Business Phone: 952-473-4291

For questions call: ☐ Business ☒ Sign Contractor

Permit copy will be mailed to this address

Sign Contractor: Clover Signs LLC

Address: 932 W National Ave

City/State/Zip: Brazil IN 47834

Phone: 812 442-7446

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.**

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 2' 2 1/8" Vertical dimension of Sign 1' 2 1/8" **TOTAL Square Footage:** 2.55 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 SR SG **Print Name** SHANDI GREGORY **Date** 9.18.18

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 ☐ Projection ☐ Architecturally compatible ☐ Avoid needless elaboration ☐ Not to face R-district ☐ Consolidation of signs ☐ Clearance ☐ Distracting sign ☐ Area ☐ Setback ☐ Corner Vision ☐ Other

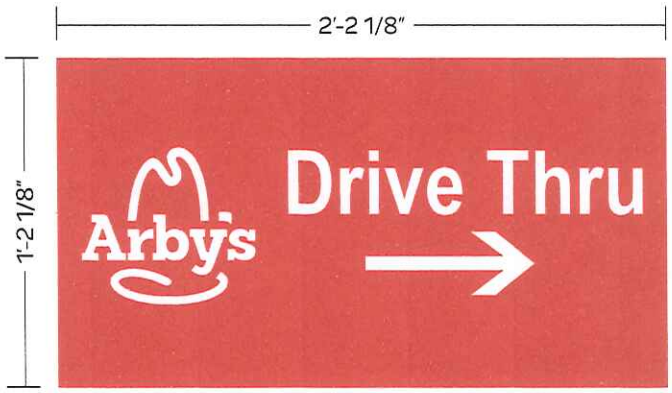
Authorized Signature _____ Date of Review _____

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.

EXISTING
14 1/8" X 26 1/8" VO

PROPOSED



5 DIRECTIONAL SIGN
SCALE: 1-1/2" = 1'-0"

APPROVAL BOX - PLEASE INITIAL		
CUSTOMER APPROVAL		Date

NOTE: Elevation drawings are for customer approval only, drawings are not to be used as any installation guide, all dimensions must be verified before installation.

Customer: ARBY'S	Date: 08/21/18	Prepared By: KH	Note: Color output may not be exact when viewing or printing this drawing. All colors used are PMS or the closest CMYK equivalent. If these colors are incorrect, please provide the correct PMS match and a revision to this drawing will be made.	persona SIGNS | LIGHTING | IMAGE
Location: WAUKESHA, WI	File Name: 170201 - R4 - WAUKESHA WI		Eng: –	

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PERMIT NUMBER

PERMANENT SIGN PERMIT APPLICATION

ONE APPLICATION PER SIGN

SITE ADDRESS : 2330 E MORELAND BLVD

Total Number of signs applying for today: 8 **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: Directional - west elevation

Office Use Only
- ☐ PICTURE/Drawing/Site Plan
- ☐ FEE
- ☐ ELECTRICAL PERMIT

Paid: _____ **Initials:** _____

Business Name: ARBYS

Owner Name: ABBOTT 18 PARTNERSHIP

Business Phone: 952-473-4291

For questions call: ☐ **Business** ☒ **Sign Contractor**

Permit copy will be mailed to this address

Sign Contractor: Clover Signs LLC

Address: 932 W National Ave

City/State/Zip: Brazil IN 47834

Phone: 812 442-7446

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.**

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 2'2 1/8" Vertical dimension of Sign 1' 2 1/8" **TOTAL Square Footage:** 2.55 **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 SL SG **Print Name** SANDI GREGORY **Date** 9.18.18

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 ☐ 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 _____

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

EXISTING
14 1/8" X 26 1/8" VO

PROPOSED

6 DIRECTIONAL SIGN
SCALE: 1-1/2" = 1'-0"

APPROVAL BOX - PLEASE INITIAL		
CUSTOMER APPROVAL		Date

NOTE: Elevation drawings are for customer approval only, drawings are not to be used as any installation guide, all dimensions must be verified before installation.

Customer:	Date:	Prepared By:	Note: Color output may not be exact when viewing or printing this drawing. All colors used are PMS or the closest CMYK equivalent. If these colors are incorrect, please provide the correct PMS match and a revision to this drawing will be made.
ARBY'S	08/21/18	KH	
Location: WAUKESHA, WI	File Name: 170201 - R4 - WAUKESHA WI	Eng: -	

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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 : 2330 E MORELAND BLVD

Total Number of signs applying for today: 8 **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: Directional West elevation

Office Use Only
- ☐ PICTURE/Drawing/Site Plan
- ☐ FEE
- ☐ ELECTRICAL PERMIT

Paid: _____ **Initials:** _____

Business Name: ARBYS

Owner Name: ABBOTT 18 PARTNERSHIP

Business Phone: 952-473-4291

For questions call: ☐ Business ☒ Sign Contractor

Permit copy will be mailed to this address

Sign Contractor: Clover Signs LLC

Address: 932 W National Ave

City/State/Zip: Brazil IN 47834

Phone: 812 442-7446

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.**

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 2' 2 1/8" Vertical dimension of Sign 1' 2 1/8" **TOTAL Square Footage:** 2.55 **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 SG **Print Name** SHANDI GREGORY **Date** 9.18.18

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 ☐ Projection ☐ Architecturally compatible ☐ Avoid needless elaboration ☐ Not to face R-district ☐ Consolidation of signs ☐ Clearance ☐ Distracting sign ☐ Area ☐ Setback ☐ Corner Vision ☐ Other

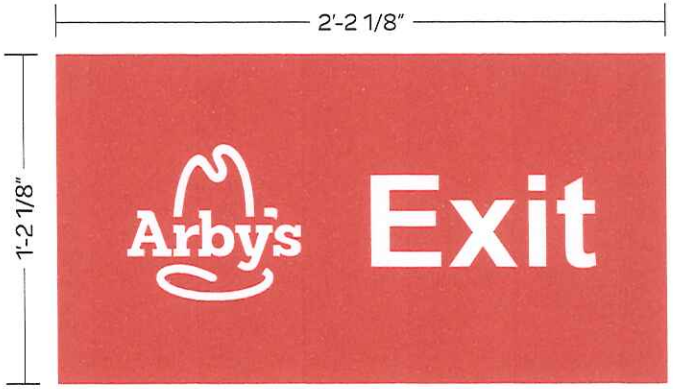
Authorized Signature _____ Date of Review _____

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.

EXISTING
14 1/8" X 26 1/8" VO

PROPOSED



7 DIRECTIONAL SIGN
SCALE: 1-1/2" = 1'-0"

APPROVAL BOX - PLEASE INITIAL		
CUSTOMER APPROVAL		Date

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Customer:	Date:	Prepared By:	Note: Color output may not be exact when viewing or printing this drawing. All colors used are PMS or the closest CMYK equivalent. If these color's are incorrect, please provide the correct PMS match and a revision to this drawing will be made.
ARBY'S	08/21/18	KH	
Location: WAUKESHA, WI	File Name: 170201 - R4 - WAUKESHA WI		Eng: -

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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 : 2330 E MORELAND BLVD

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FEE: $40 min. or $1 per sq. ft. *Required in full at time of submittal.* FEE IS NON-REFUNDABLE.

Location of *THIS* sign: Directional West elevation

Office Use Only
- ☐ PICTURE/Drawing/Site Plan
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Paid: _____ **Initials:** _____

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(MANDATORY FIELD; application will be returned if left blank.)

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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:
☐ 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 2' 2 1/8" Vertical dimension of Sign 1' 2 1/8" **TOTAL Square Footage:** 2.55 **sq. ft.**

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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 Sandi Gregory **Print Name** SANDI GREGORY **Date** 9.18.18

OFFICE USE ONLY

Zoning District: _____ Gross sign area for premises: _____ Area used by other signs: _____

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☐ 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 _____

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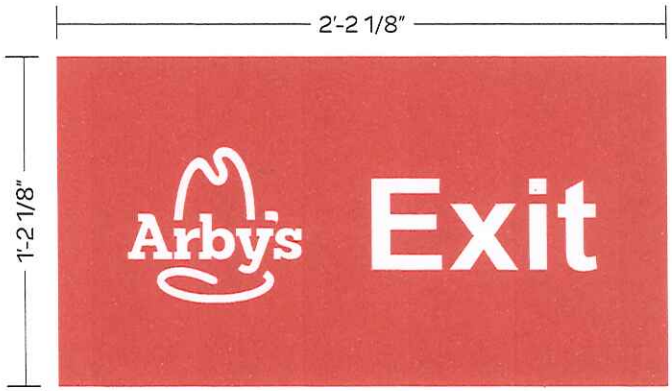
PROPOSED



8 DIRECTIONAL SIGN
SCALE: 1-1/2" = 1'-0"

APPROVAL BOX - PLEASE INITIAL		
CUSTOMER APPROVAL		Date

NOTE: Elevation drawings are for customer approval only, drawings are not to be used as any installation guide, all dimensions must be verified before installation.

Customer: ARBY'S	Date: 08/21/18	Prepared By: KH	Note: Color output may not be exact when viewing or printing this drawing. All colors used are PMS or the closest CMYK equivalent. If these colors are incorrect, please provide the correct PMS match and a revision to this drawing will be made.	persona SIGNS | LIGHTING | IMAGE
Location: WAUKESHA, WI	File Name: 170201 - R4 - WAUKESHA WI		Eng: -	

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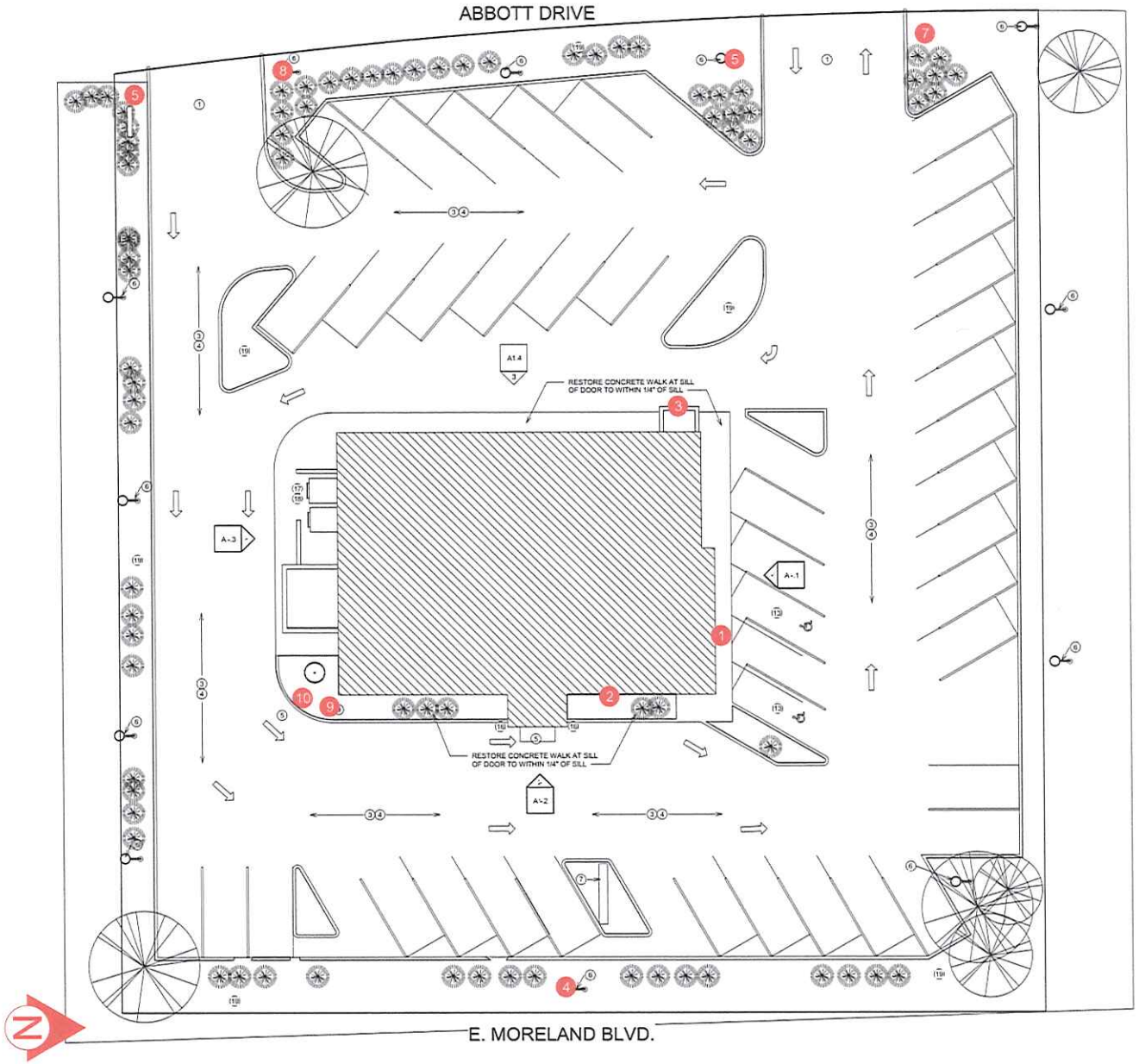

PROPOSED SIGNS:

1. 4' X 4' HAT LOGO
2. 4' X 4' HAT LOGO
3. 16" CHANNEL LETTERS ON ADJUSTABLE RACEWAY
4. B-6 PYLON W/ READERBOARD
5. DRIVE-THRU DIRECTIONAL
6. ENTER DIRECTIONAL
7. EXIT DIRECTIONAL
8. EXIT DIRECTIONAL
9. MENU BOARD
10. DRIVE-THRU ORDER CANOPY

APPROVAL BOX - PLEASE INITIAL		
CUSTOMER APPROVAL		Date

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Location: WAUKESHA, WI	File Name: 170201 - R4 - WAUKESHA WI		Eng: -

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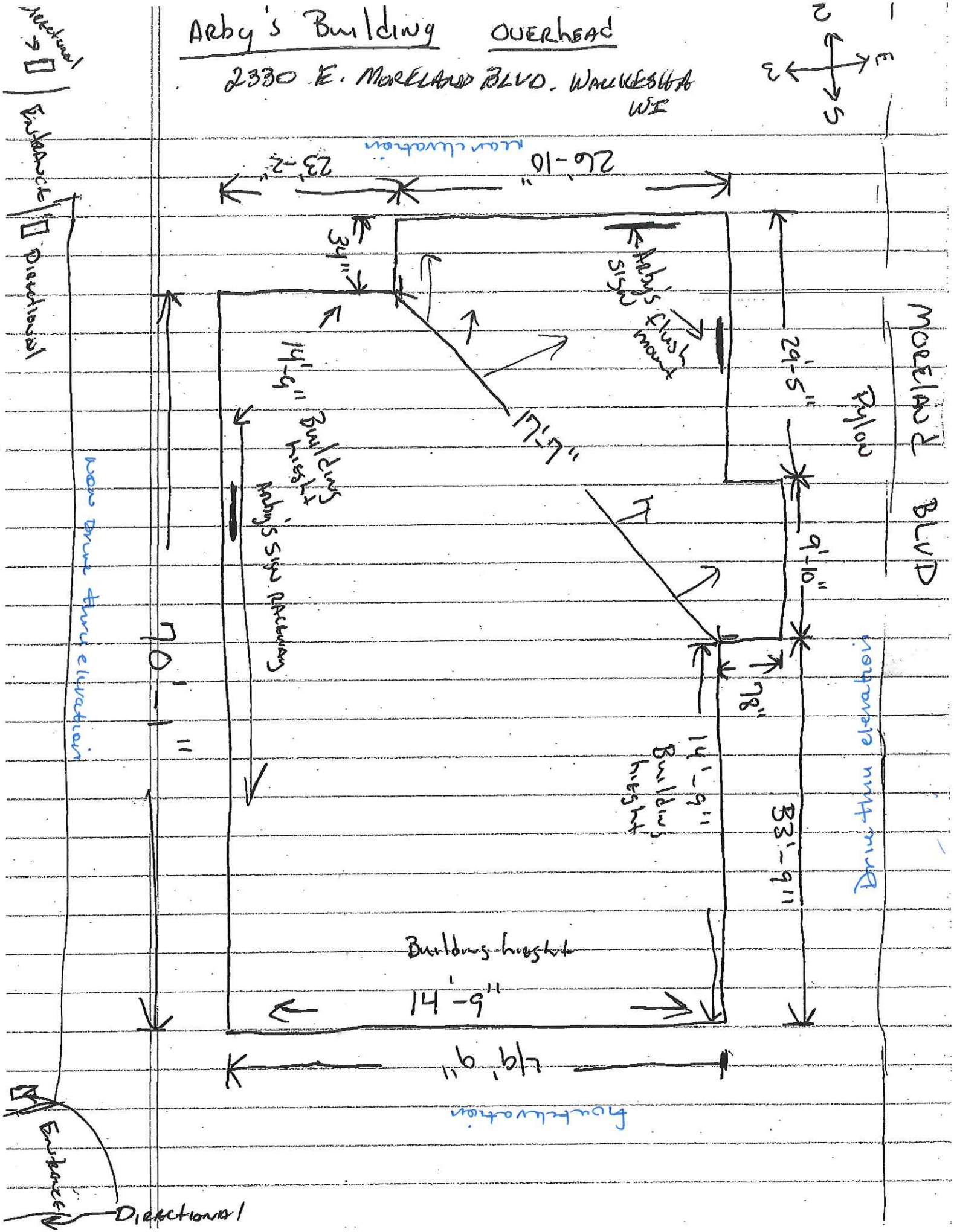
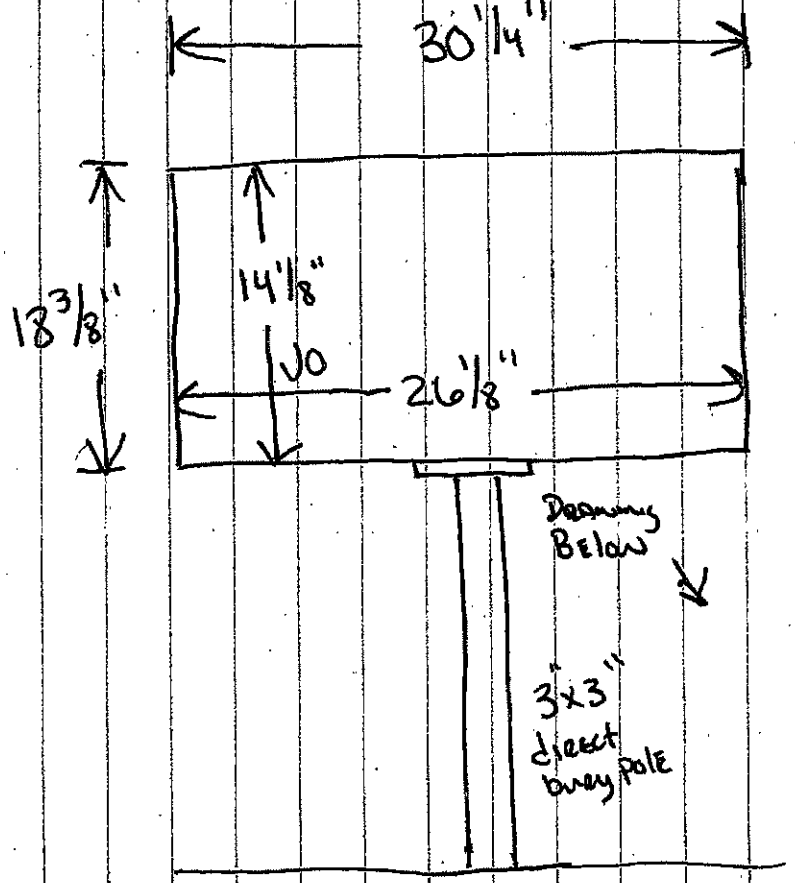
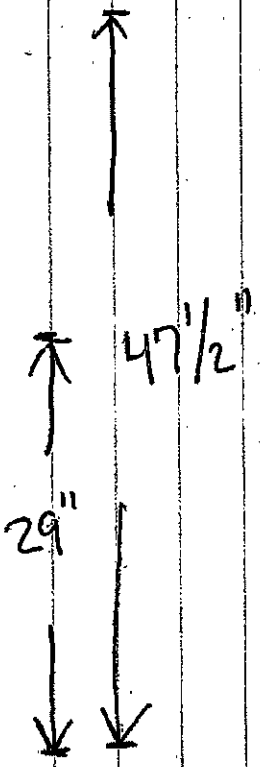
Arby's Building OVERHEAD

2330 E. MORELAND BLVD. WAUKESHA WI



Array's Directionals Qty 4

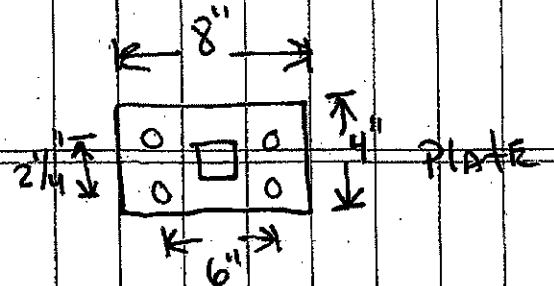


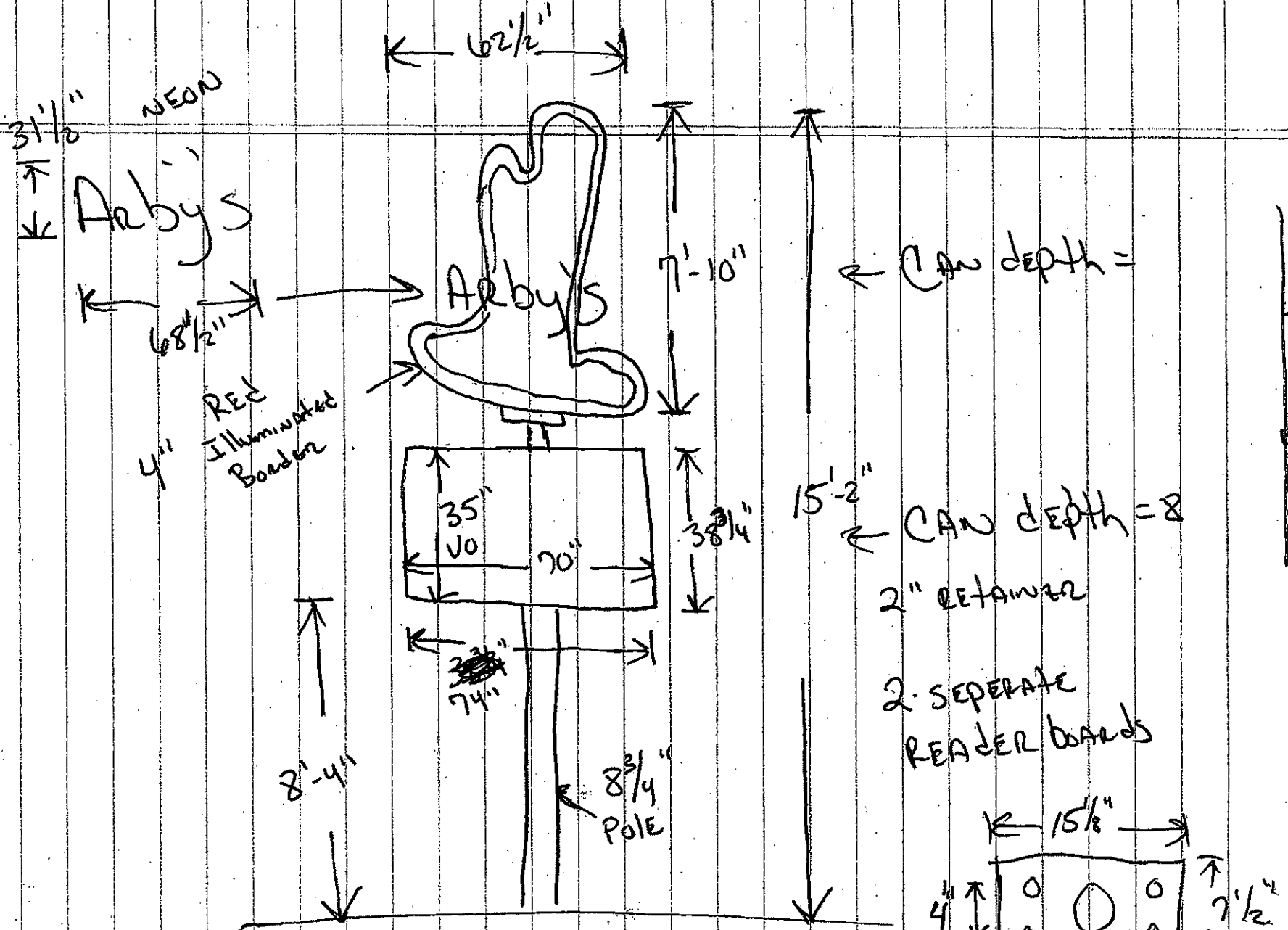


Each directional has
2-30" CW HO Lamps
1- Ballast.

RETAINER = 2 1/8"

CABINET DEPTH - 9 3/4"



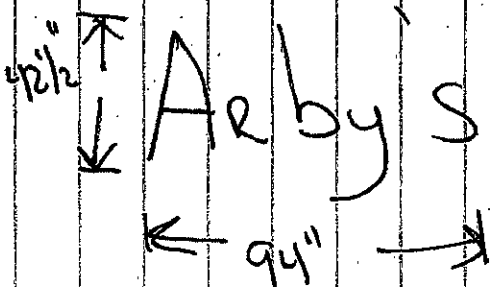

62½"
31½"
NEON
Arby's
68½"
Arby's
4"
RED
Illuminated
Boarder
7'-10"
CAN depth =
15'-2"
CAN depth = 8
2" RETAINER
35"
VO
70"
38¾"
74"
8'-4"
8¾"
POLE
2. SEPERATE
READER BOARDS
15⅛"
4"
7½"
12"

Arby's Style

Arby's wall signs

flush mount

NORTH ELEVATION



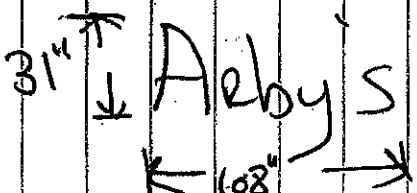
CAN depth = 4"

SIGN band height = 56"

NEON LETTERS

RACEWAY mount

WEST ELEVATION



NEON LETTERS

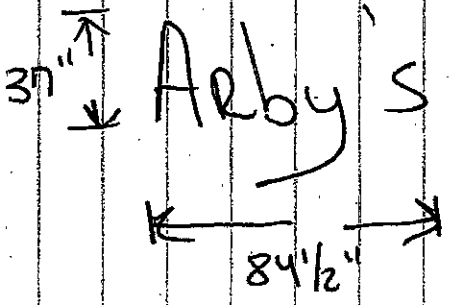
CAN depth = 5"

EXTERNAL POWER

SIGN band HEIGHT = 24½"

EAST ELEVATION

flush mount



NEON LETTERS

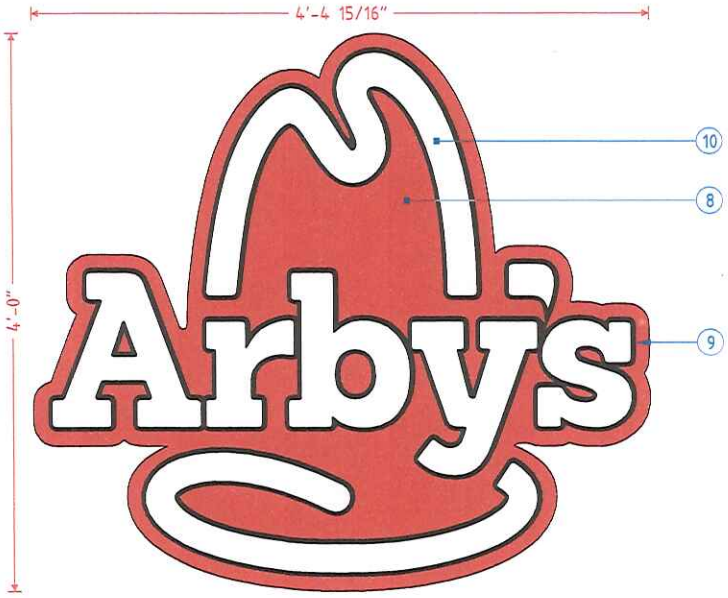
CAN depth = 4"

SIGN band HEIGHT = 55½"

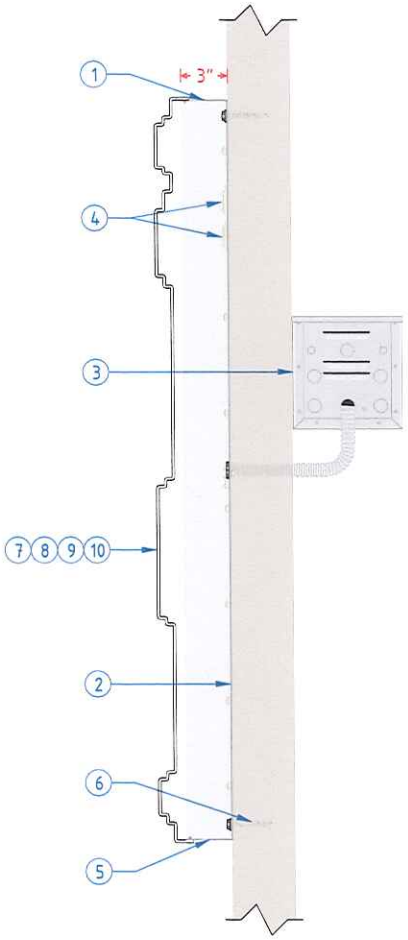
ARBY'S 4 X 4 SINGLE FACE LED SIGN	
NO.	PART/DESCRIPTION
1	3" X .050" CUSTOM ALUMINUM SPACER
2	.063" ALUMINUM BACK
3	REMOTE LED POWER SUPPLIES AS REQUIRED
4	GE 7100K WHITE LED'S AS REQUIRED
5	DRAIN HOLES AS REQUIRED
6	MOUNTING HARDWARE AS REQUIRED BY SITE CONDITIONS
7	.150" CLEAR POLYCARBONATE CAP-OVER FACE
8	PAINT TO MATCH 2793 RED ACRYLIC (2ND SURFACE)
9	PAINT 480 BLACK (2ND SURFACE)
10	PAINT 403 WHITE BACKSPRAY

NOTES:

- 3" X .050" CUSTOM ALUMINUM SPACER
- CAP-OVER FACE
- EXTERIOR FINISH: PAINT TO MATCH 2793 RED ACRYLIC
- INTERIOR FINISH: PAINT REFLECTIVE WHITE
- FACES REMOVABLE FOR SERVICE ACCESS
- U.L. LISTED
- ELECTRICAL: 0.65 AMPS/120 VOLTS
- SQUARE FOOTAGE:
  BOXED: 17.64
  ACTUAL: 10.85



GRAPHIC DETAIL
SCALE: 3/4" = 1'-0"



CROSS SECTION A-A
SCALE: 1" = 1'-0"

Customer: ARBY'S	Date: 08/21/18	Prepared By: KH	Note: Color output may not be exact when viewing or printing this drawing. All colors used are PMS or the closest CMYK equivalent. If these colors are incorrect, please provide the correct PMS match and a revision to this drawing will be made.
Location: WAUKESHA, WI	File Name: 170201 - R4 - WAUKESHA WI		Eng: –

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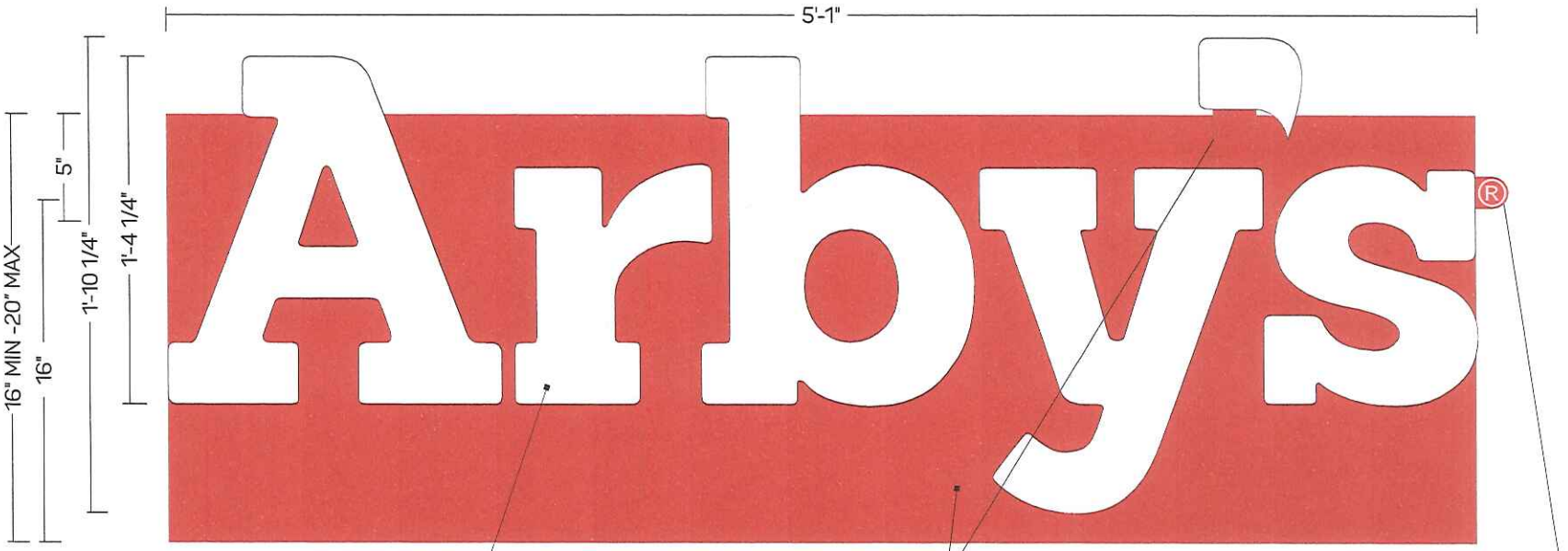
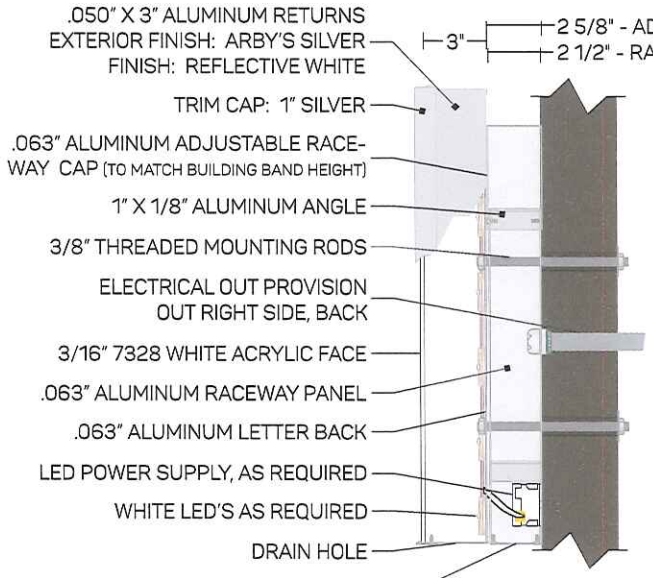


GRAPHIC DETAIL
SCALE: 1 1/2" = 1'-0"



LETTER PROFILE
SCALE: NTS

NOTES:
U.L. LISTED
120 VOLTS, 0.65 AMPS

Customer:	Date:	Prepared By:	Note: Color output may not be exact when viewing or printing this drawing. All colors used are PMS or the closest CMYK equivalent. If these colors are incorrect, please provide the correct PMS match and a revision to this drawing will be made.
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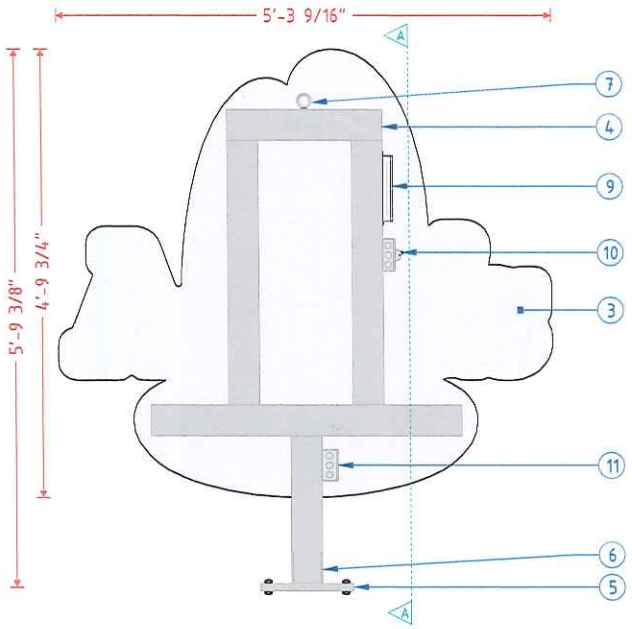
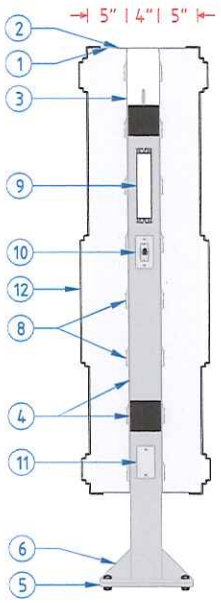


FRAME & LAMP DETAIL
SCALE: 1/2" = 1'-0"



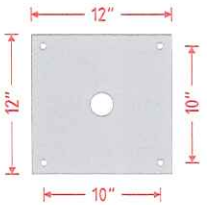
CROSS SECTION A-A
SCALE: 1/2" = 1'-0"

ARBY'S 4 X 5 DOUBLE FACE LED SIGN	
NO.	PART/DESCRIPTION
1	.063" X 5" ALUMINUM RETURNS PAINT TO MATCH 2793 RED
2	.063" ALUMINUM SKINS
3	.063" ALUMINUM BACK
4	3" X 3" X 3/16" TUBE
5	3" X 3" X 3/16" TUBE (TO BE REMOVED AFTER INSTALLATION)
6	PLATE/MATCH PLATE (SEE PLATE DETAIL)
7	TOP PLATE (SEE TOP PLATE DETAIL)
8	GUSSET
9	3/4" EYEBOLT (TO BE REMOVED AFTER INSTALLATION)
10	GE 7100K WHITE LED'S AS REQUIRED
11	LED POWER SUPPLIES AS REQUIRED
12	DISCONNECT SWITCH
13	ELECTRICAL OUT: LEAVE IN ELECTRICAL BOX
14	.150" CLEAR, SOLAR GRADE, CAP-OVER, EMBOSSED, POLYCARBONATE FACE
15	PAINT TO MATCH 2793 RED (2ND SURFACE)
16	PAINT 480 BLACK (2ND SURFACE)
17	PAINT 403 WHITE (BACKSPRAY)

NOTES:

- DESIGN FACTOR: TO BE DETERMINED
- (2) 5" DEEP CHANNEL LETTER CONSTRUCTION MOUNTED BACK-TO-BACK TO STEEL POLE STRUCTURE WITH COMMON SKIN
- CAP-OVER POLYCARBONATE FACES
- EXTERIOR FINISH: PAINT TO MATCH 2793 RED
- INTERIOR FINISH: PAINT REFLECTIVE WHITE
- REMOVABLE SKIN FOR SERVICE ACCESS
- U.L. LISTED
- ELECTRICAL: 0.65 AMPS/120 VOLTS
- SQUARE FOOTAGE:

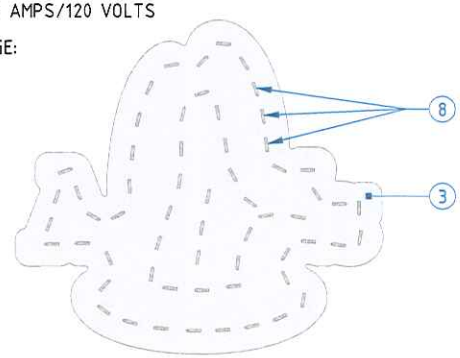
GRAPHIC DETAIL
SCALE: 3/8" = 1'-0"



1/2" X 12" X 12" PLATES
9/16" HOLES
1/2" BOLTS

PLATE WILL ACCEPT:
10" PIPE
8" TUBE

PLATE DETAIL
SCALE: 3/4" = 1'-0"



LED LAYOUT
SCALE: 3/8" = 1'-0"

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Location: WAUKESHA, WI	File Name: 170201 - R4 - WAUKESHA WI			Eng: -

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