

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: 1422 Pearl StTotal Number of signs applying for today: 1 Value of Sign(s) \$ 3000FEE: \$40 min. or \$1 per sq. ft. Required in full at time of submittal. **FEE IS NON-REFUNDABLE.**Location of THIS sign: South Facing Building Facade

Office Use Only

☐ PICTURE/Drawing/Site Plan☐ FEE☐ ELECTRICAL PERMIT

Paid: _____ Initials: _____

Permit copy will be mailed to this address

Business Name: BEAUDRY ServicesOwner Name: TOM BEAUDRYBusiness Phone: 262-549-5500For questions call: ☐ Business ☒ Sign ContractorSign Contractor: Sigmarama Meno. FISAddress: N84W15787 Menomonee Ave, Ste 1City/State/Zip: Menomonee Falls, WI 53051Phone: 262-251-4300

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 FaceHorizontal Width of Sign 220" Vertical dimension of Sign 44" TOTAL Square Footage: 67 sq. ft.

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

Premise Data: Street Frontage: APPROX 500' Building or Tenant Space Width: 80' 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

Date

OFFICE USE ONLY

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

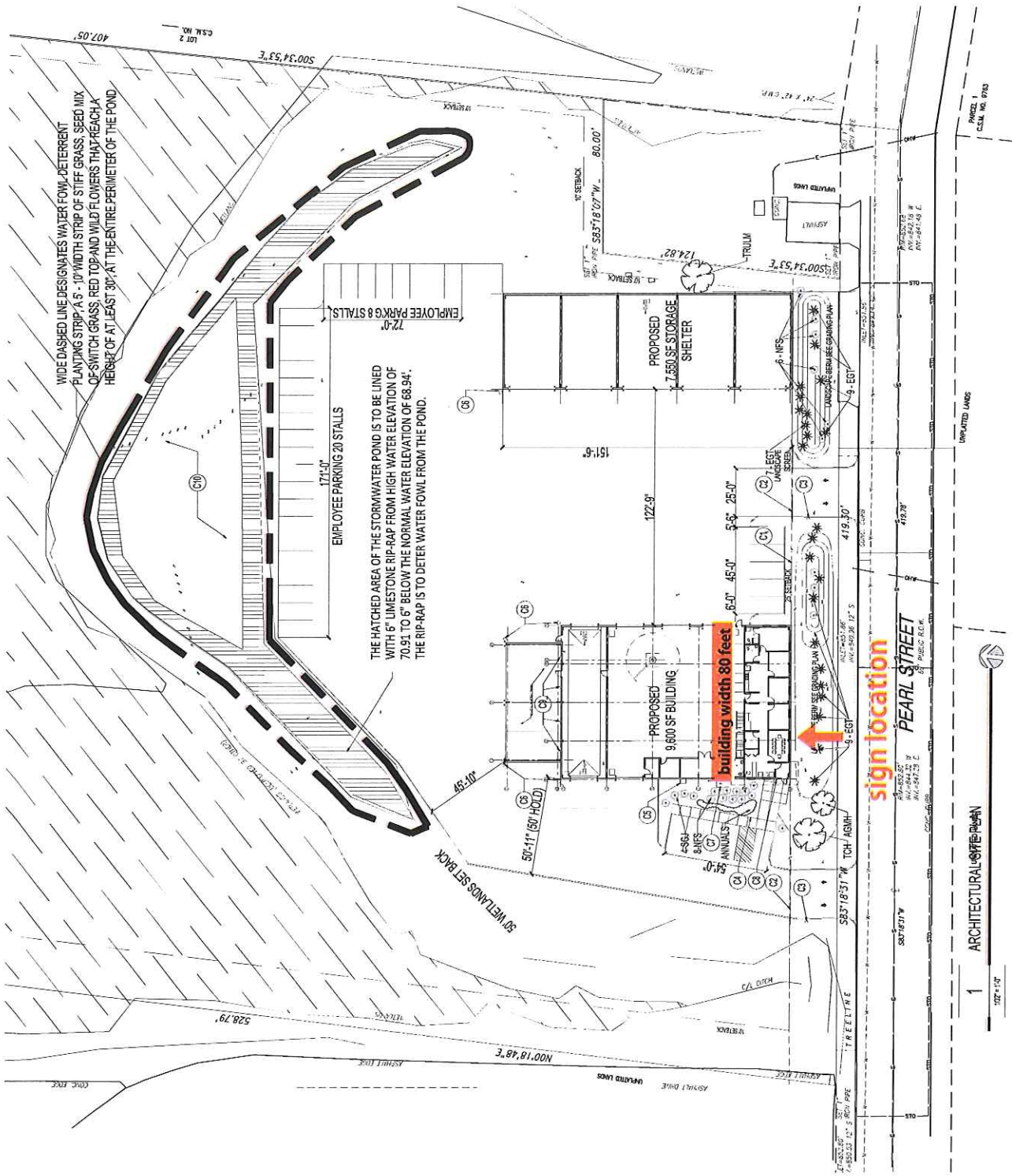
☐ Approved Conditions (if any):☐ Must submit electrical permit within 30 days of meeting or permit shall be voided.☐ Denied Does not conform to:☐ Height☐ Architecturally compatible☐ Not to face R-district☐ Clearance☐ Area☐ Corner Vision☐ Projection☐ Avoid needless elaboration☐ Consolidation of signs☐ 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.



1 ARCHITECTURAL SITE PLAN

1/2" = 1'-0"

Menomonee Falls
Signarama

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Name: Company:

Phone: Fax: E-mail:

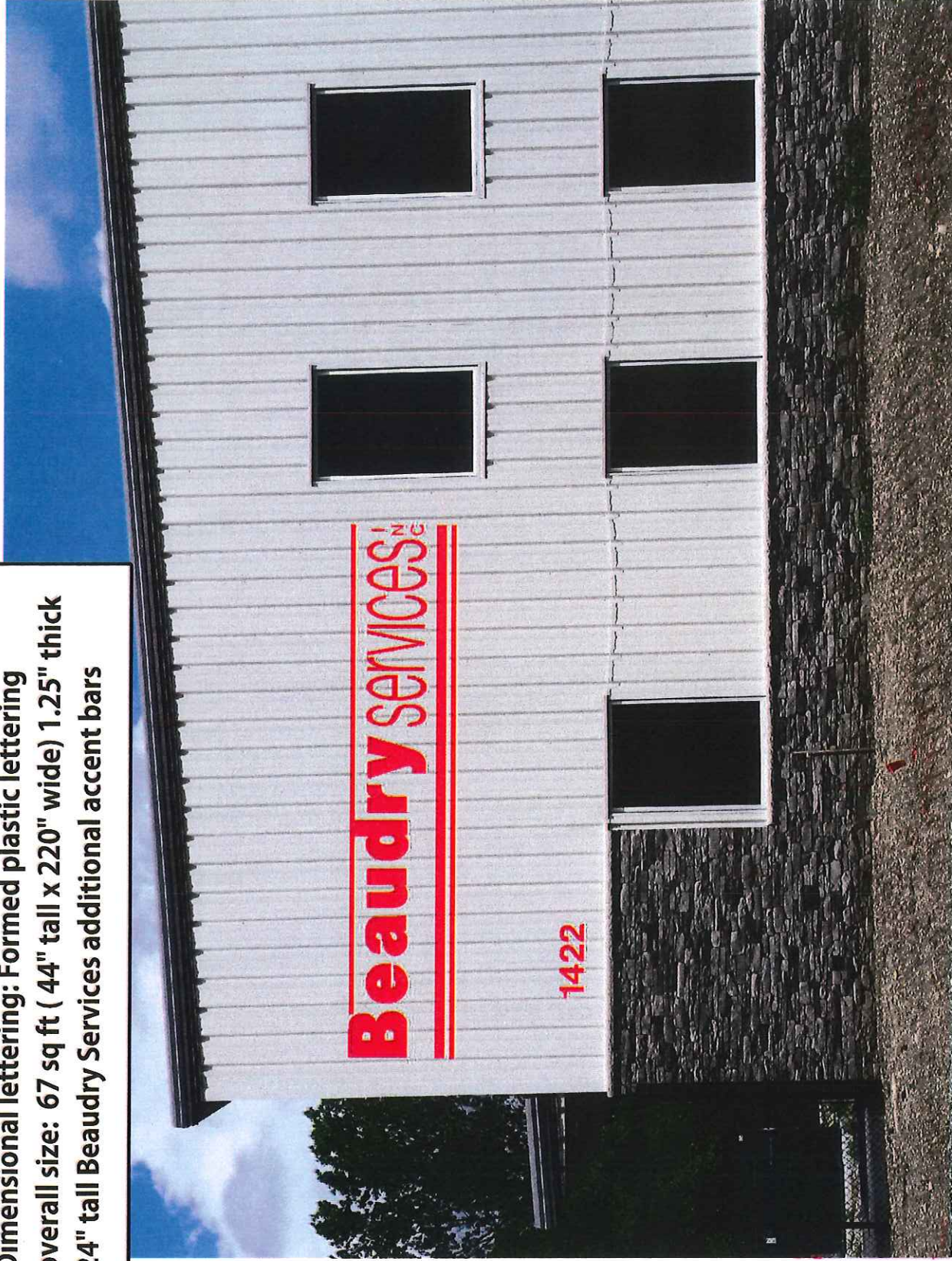
Z: beauty services Date: 10/9/2018

File: BEAUDRY BUILDING LETTERS.fs Time: 12:10:31 PM

N84W15787 Menomonee Ave, Ste 1, Menomonee Falls, WI 53051 (262) 251-4300

Rodd@SignsWithImpact.com Fax: (262) 251-4301

Dimensional lettering: Formed plastic lettering
 overall size: 67 sq ft (44" tall x 220" wide) 1.25" thick
 24" tall Beaudry Services additional accent bars



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Menomonee Falls

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Name: Company:

Phone: Fax: E-mail:

Z:\beaudry services Date: 10/9/2018

File: BEAUDRY BUILDING LETTERS.fs Time: 12:11:54 PM

Rodd@SignsWithImpact.com

Fax: (262)251-4301