

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: 1720 Dolphin Dr. Waukesha, WI 53186Total Number of signs applying for today: 3 Value of Sign(s) \$ 750.00FEE: \$40 min. or \$1 per sq. ft. Required in full at time of submittal. **FEE IS NON-REFUNDABLE.**

Location of THIS sign: _____

Office Use Only

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

Paid: _____ Initials: _____

Business Name: Therapeutic BodyworksOwner Name: Sherry WilliamsBusiness Phone: 414-217-0159For questions call: ☒ Business ☐ Sign Contractor

Permit copy will be mailed to this address

Sign Contractor: Modern Ink Sign GraphicsAddress: email - www.moderninksigns.comCity/State/Zip: Waukesha, WIPhone: 262-548-0055

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.

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 10' Vertical dimension of Sign 2' TOTAL Square Footage: 20' 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 Sherry Williams Print Name Sherry Williams 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.

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Paid: _____ Initials: _____

Business Name: Therapeutic BodyworksOwner Name: Sherrey William'sBusiness Phone: 414-267-0659For questions call: ☒ Business ☐ Sign ContractorSign Contractor: Modern Ink Sign & GraphicsAddress: email - www.moderninksigns.comCity/State/Zip: Waukesha, WIPhone: 262-548-0055

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☐ 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 8' 10" Vertical dimension of Sign 2' 10.5" TOTAL Square Footage: 161 4.29 sq. ft.

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

Premise Data: Street Frontage: _____ Building or Tenant Space Width: tenant front Other Street Frontage: _____**PLEASE LIST ALL EXISTING SIGNAGE ON THE BACK OF THIS SHEET.**

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OFFICE USE ONLY

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☐ Projection ☐ Avoid needless elaboration ☐ Consolidation of signs ☐ Distracting sign ☐ Setback ☐ Other

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TYPE OF SIGN (Circle all that apply):

☒ Wall ☐ Door ☐ Projecting ☐ Window ☐ Roof ☐ Billboard
☐ Flat ☐ Awning ☐ Freestanding ☐ Yard ☐ Double FaceHorizontal Width of Sign 5' Vertical dimension of Sign 2' TOTAL Square Footage: 10' 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: _____

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Customer: Therapeutic Body Works
 Colors: As Shown
 Sizes: 2'x 5' (A left)
 2'x10' (A right)
 10.3" x 59.875" (C)

Notes: Proofs not to scale with each other.

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One round of revisions is included in your order, any additional revisions will be billed accordingly.

The customer is responsible for the verification of the accuracy of the attached proof. Please specify any pantone colors, fonts, or sizes, not listed above. By signing this form or replying electronically you are authorizing Modern Ink to proceed with the production of your order.

SIGNATURE _____

DATE _____

This original design and all information contained therein is the property of Modern Ink Signs & Graphics and its use in anyway other than as authorized is expressly forbidden. Artwork remains the property of Modern Ink Signs & Graphics.

- ☐ APPROVED
- ☐ APPROVED W/ CHANGES
- ☐ SEND NEW PROOFS

MODERN INK
 SIGNS & GRAPHICS

262.548.0055 • www.moderninksigns.com

PROOF B



PROOF C



PROOF A

