

PERMIT NUMBER

PERMANENT SIGN PERMIT APPLICATION

ONE APPLICATION PER SIGN

SITE ADDRESS : 209 W. Main St

Total Number of signs applying for today: 2 Value of Sign(s) \$ 2800.00

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

Location of THIS sign: Tenant storefront (Avalon Building)

Office Use Only

☐ PICTURE/Drawing/Site Plan

☐ FEE

☐ ELECTRICAL PERMIT

Paid: Initials:

Business Name: ProHealth Care Rehabilitation Services Sign Contractor: Kieffler/Starlite Sign

Owner Name: Avalon Square (Lisa Fleckenstein) Address: 3322 Washington Ave

Business Phone: 262-446-9301 City/State/Zip: Sheboygan WI 53081

For questions call: ☐ Business ☒ Sign Contractor Phone: 920-453-4167

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 Face

Force Change Horizontal Width of Sign 36" Vertical dimension of Sign 24" TOTAL Square Footage: 30.76 sq. ft.
Letters ProHealth Care: 11'-1 1/4" x 12 1/2" Logo: 30" x 30" Tagline: Rehabilitation Services 11'-1 1/4" x 7 1/2"
If Sign is detached or projecting, please supply: Total Height Clearance: Setback:

Premise Data: Street Frontage: Building or Tenant Space Width: 27'-10 3/8" 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 Kieffler/Starlite Permitted Print Name Kieffler/Starlite (Toni Haberman) Date 11/7/18

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 ☐ 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

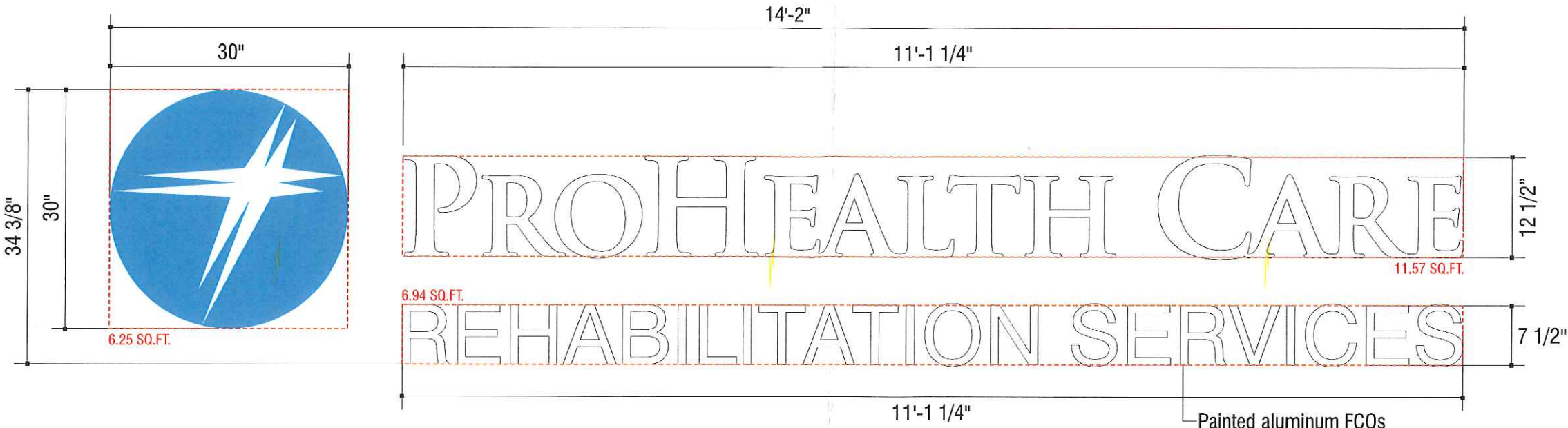
INCOMPLETE APPLICATIONS MAY NOT BE PROCESSED.

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



PROHEALTH CARE

Reverse Lit Channel Letters
w/ Aluminum F.C.O. Letters



Channel Letter Set Layout

24.76 SQ.FT.

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

HALO LIT LOGO - REMOTE

COMPONENT	ILLUMINATION LED TYPE	PER MFG.
A	COLOR	WHITE
B	POWER SUPPLY TYPE	PER MFG.
C	FACE	MATERIAL .100 ALUMINUM COLOR PROHEALTH BLUE VINYL SEE COLOR SCHED.
D	RETURN	MATERIAL .063 ALUMINUM COLOR SEE COLOR SCHEDULE DEPTH 1 1/2"
E	BACK	MATERIAL .150 POLYCARBONATE COLOR 2447 WHITE DIFFUSER VINYL NONE
F	MOUNTING	TYPE BRACKET FASTENER 1/4-20NC THREADED ROD STAND-OFF 1 1/2"
G	ELECTRICAL	TYPE PASS THRU
H	SWITCH	TYPE DISCONNECT/TOGGLE LOCATION BY ELECTRICIAN

*WEEP HOLE(S) PER MFG. STANDARDS
*CAULK REQUIRED
*UL LISTED PRODUCT

HALO LIT LETTERS - REMOTE

COMPONENT	ILLUMINATION LED TYPE	PER MFG.
A	COLOR	WHITE
B	POWER SUPPLY TYPE	PER MFG.
C	FACE	MATERIAL .100 ALUMINUM COLOR WHITE VINYL NONE
D	RETURN	MATERIAL .063 ALUMINUM COLOR SEE COLOR SCHEDULE DEPTH 1 1/2"
E	BACK	MATERIAL .150 POLYCARBONATE COLOR 2447 WHITE DIFFUSER VINYL NONE
F	MOUNTING	TYPE ALUMINUM TUBE SPACER FASTENER 1/4-20NC THREADED ROD STAND-OFF 1 1/2"
G	ELECTRICAL	TYPE PASS THRU
H	SWITCH	TYPE DISCONNECT/TOGGLE LOCATION BY ELECTRICIAN

*WEEP HOLE(S) PER MFG. STANDARDS
*CAULK REQUIRED
*UL LISTED PRODUCT

GENERAL SPECIFICATIONS:

Manufacture and install NEW internally illuminated reverse lit channel logo & letter mounted with standoffs to building. Illumination provided by White LEDs. White aluminum flat cut letters flush/stud mounted to building.

COLOR SPECIFICATIONS:

PAINT SPECIFICATIONS

- ☒ **BLACK**
Letter Returns
- ☒ **ProHealth BLUE**
Logo Returns & Face
- ☐ **White**
Letter Faces & Aluminum FCOs

VINYL SPECIFICATIONS

- ☐ **3M #7725-10 WHITE**
Logo Spark

National Sign Manufacturers and Consultants

ACCOUNT: **PRO-HEALTH CARE**

LOCATION: **Waukesha, WI (209 W. Main St.)**

ACCT. REP: **J. McCarthy** DESIGNER: **TVS**

DATE: **8/30/18**

COMPANION FILES

REVISIONS:

REV	DESCRIPTION	DATE
1	Reduce overall size of 'Rehab Svcs', all return & trimcap to black	TVS - 9/21/18
2	Rev PHC letters to halo lit	TVS - 10/20/18
3		
4		
5		
6		
7		
8		
9		
10		

INITIALS & DATE:

TVS - 9/21/18

TVS - 10/20/18

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585 Bond Street, Lincolnshire, Illinois 60069

PHONE: (877) 543-3337 FAX: (847) 520-1543

www.kieffersigns.com

B75480A

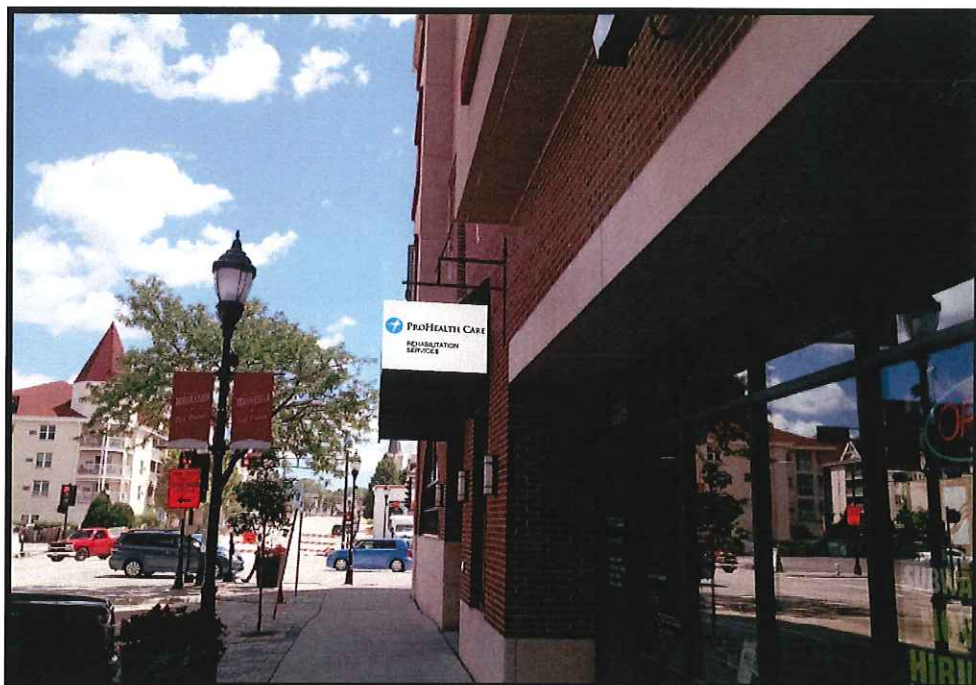


A Reference Drawing #B75480A
for details and specifications.



PROHEALTH CARE

Replacement Aluminum Panels for D/F Blade Sign
Non-Illuminated



GENERAL SPECIFICATIONS:

Scale: 1 1/2" = 1'-0"

REPLACE WITH TWO (2) NEW FLAT ALUMINUM PANELS WITH VINYL GRAPHICS APPLIED TO FIRST SURFACE - SEE COLOR SCHEDULE. MOUNT PANELS TO EXISTING 1 1/2" SIGN FOAM BLADE W/ VHB TAPE

COLOR SPECIFICATIONS:

PAINT SPECIFICATIONS

A MP18914 PROHEALTH MAIN BODY SILVER CUSTOM

VINYL SPECIFICATIONS

1 3M Opaque to Match ProHealth Care Blue Spark Logo **2** #7725-10 WHITE Spark Logo **3** #7725-12 BLACK Copy

Kieffer | Starlite
National Sign Manufacturers and Consultants

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COMPANION FILES



REVISIONS:

A Rev per customer mark up

B -

C -

D -

E -

F -

G -

H -

INITIALS & DATE:

MSO - 10/9/18

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