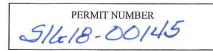
### CITY OF WAUKESHA, WISCONSIN 201 DELAFIELD STREET \* ROOM 200 \* WAUKESHA, WI 53188 \* PH: (262)524-3750 \* FAX: (262)524-3751

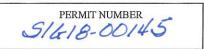


CHTE ADDRESS AGAZ N O-AND AS C ZULA	Office Use Only			
SITE ADDRESS: 2903 N. GRANDVIEW BLYD.	▶ PICTURE/Drawing/Site Plan			
Total Number of signs applying for today: 3 Value of Sign(s) \$ 5500	FEE			
FEE: \$40 min. or \$1 per sq. ft. Required in full at time of submittal. FEE IS NON-REFUNDABLE.	☐ ELECTRICAL PERMIT			
Location of THIS sign: Large Monument facing Grandview	11 20 10 000			
Smaller at driveway extrangenticon	Paid: //-// Initials: //-			
Business Name: Sign Contractor: The	l be mailed <u>to this address</u> Wrap Shop Milwauko			
	Datertown Rd. Swite			
Business Phone: 262-446-9061 City/State/Zip: Wark	14. Occite			
For questions call: Business Sign Contractor Phone: $2l_02 - 422 -$	esha, WI, 53186 6142			
Property State (Charles and Charles and Ch	TY, PERMIT WILL NOT BE MAILED.			
(MANDATORY FIELD; application will be returned if left				
You must submit an electrical permit signed by a licensed electrician with all illumi HAS THIS BEEN DONE? YES, Permit No. BL				
ATTACH A COLOR PHOTO, DRAWING, AND/OR SITE PLAN. Show dimensions to sea	ale, colors, and location of sign.			
CHECK ONE: TYPE OF SIGN (Circle all	that anniv)			
	Window Roof Billboard			
Flat Awning Freestan	ding Yard Double Face			
Horizontal Width of Sign Vertical dimension of Sign TOTAL Sq.	uare Footage: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 completed application and do he	ertify 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 O and the Laws of the State of Wisconsin pertaining to the work described herein	rdinances of the City of Waukesha,			
and the baws of the state of wisconsin pertaining to the work described herein				
Legal Signature Print Name Slaine Sobson	Date 11-20-18			
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:				
	Area Corner Vision Setback Other			
Authorized Signature Data of Re				

INCOMPLETE APPLICATIONS MAY NOT BE PROCESSED.

### CITY OF WAUKESHA, WISCONSIN

201 DELAFIELD STREET \* ROOM 200 \* WAUKESHA, WI 53188 \* PH: (262)524-3750 \* FAX: (262)524-3751



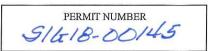
## PERMANENT SIGN PERMIT APPLICATION ONE APPLICATION PER SIGN

Office Use Only GRANDVIEW BIVD PICTURE/Drawing/Site Plan Total Number of signs applying for today: 3 Value of Sign(s) \$ 5500

FEE: \$40 min. or \$1 per sq. ft. Required in full at time of submittal. FEE IS NON-REFUNDABLE FEE ☐ ELECTRICAL PERMIT Monument facing Grandview Location of THIS sign: Sign Contractor: Address: 20 Business Phone: 262-446-906 For questions call: Business Sign Contractor 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 -NOT APPLICABLE ATTACH A COLOR PHOTO, DRAWING, AND/OR SITE PLAN. Show dimensions to scale, colors, and location of sign. TYPE OF SIGN (Circle all that apply): **CHECK ONE:** Roof Billboard New Sign Existing Sign Face Change Only Window Door Projecting Flat Yard Awning Freestanding Double Face TOTAL Square Footage:\_ Vertical dimension of Sign \_sq. ft. Horizontal Width of Sign If Sign is detached or projecting, please supply: Total Height \_\_\_\_\_ Clearance: \_\_\_\_ Setback: \_\_\_\_ Building or Tenant Space Width: Other Street Frontage: Premise Data: 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 **Print Name** 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: ☐ Not to face R-district ☐ Corner Vision ☐ Height ☐ Architecturally compatible Avoid needless elaboration ☐ Consolidation of signs ☐ Distracting sign □ Projection Authorized Signature Date of Review

INCOMPLETE APPLICATIONS MAY NOT BE PROCESSED.

CITY OF WAUKESHA, WISCONSIN 201 DELAFIELD STREET \* ROOM 200 \* WAUKESHA, WI 53188 \* PH: (262)524-3750 \* FAX: (262)524-3751



# ONE APPLICATION PER SIGN

SITE ADDRESS: 2903 N	GRANDVIEW	BIVD.	Office Use Only
			PICTURE/Drawing/Site Plan
Total Number of signs applying for tod FEE: \$40 min. or \$1 per sq. ft. Required it.	n full at time of submittal. F	EE IS NON-REFUNDABI	
			D DI DOUDICAL DEDIAGE
Location of THIS sign:arge	Monument to	acing Granavi	Paid: 1-20-18 Initials: Ma
Men on Build	t driveway	entrana Permit c	opy will be mailed to this address  he Wrap Shop Milwae
Business Name: Sincepnai	<del>I Inn</del>	Sign Contractor:	he Wrap Shop milwau
Owner Name: Elaine Dolo	Soh	Address: 20711	Watertown Rd. Su
Business Phone: 262-446-6	#0 150		ukesha, WI, 53186
For questions call: Dusiness	Sign Contractor	Phone: 262-47	
		IF THIS AREA IS LEFT	EMPTY, PERMIT WILL NOT BE MAILED.
		ntion will be returned	
You must submit an electrical perm HAS THIS BEEN DONE? YE			lluminated sign permit applications  NO NOT APPLICABLE
HAS THIS BEEN DONE:	S, Fermit No. BL <sub>-</sub>		NO NOT APPLICABLE
ATTACH A COLOR PHOTO, DRAW	ING, AND/OR SITE PI	LAN. Show dimensions	to scale, colors, and location of sign.
CHECK ONE:		TYPE OF SIGN (Circ	
□New Sign □Existing Sign □Fac	ee Change Only		ecting Window Roof Billboard eestanding Yard Double Face
Horizontal Width of Sign	Vertical dimension of Si	ignTOTA	AL Square Footage:sq. f
If Sign is detached or projecting	g, please supply: Total F	Height Clearanc	e: Setback:
Premise Data: Street Frontage:	Building or Tenant Sp	ace Width:	Other Street Frontage:
PLEASE LIST AI	L EXISTING SIGN	AGE ON THE BACK	OF THIS SHEET.
By my signature, I state and agree, that I have a and correct, and I further certify that any and and the Laws of the State of Wisconsin pertains	all work performed shall b	e done in accordance with	
Legal Signature	Print Name		Date
	OFFICE	USE ONLY	
Zoning District: Gross sign at Approved Conditions (if any): Must submit electrical permit with	rea for premises:in 30 days of meeting or	Area used by other permit shall be voided.	er signs:
Denied Does not conform to:			
☐ Height ☐ Architecturally compatible ☐ Projection ☐ Avoid needless elaboration	☐ Not to face R-district ☐ Consolidation of signs	☐ Clearance ☐ Distracting sign	☐ Area ☐ Comer Vision ☐ Setback ☐ Other
Authorized Signature		Date of Review	

INCOMPLETE APPLICATIONS MAY NOT BE PROCESSED.



