

CITY OF WAUKESHA, WISCONSIN

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

PERMIT NUMBER

51618-00145

PERMANENT SIGN PERMIT APPLICATION

ONE APPLICATION PER SIGN

SITE ADDRESS: 2903 N. GRANDVIEW BLVD.Total Number of signs applying for today: 3 Value of Sign(s) \$ 5500FEE: \$40 min. or \$1 per sq. ft. Required in full at time of submittal. **FEE IS NON-REFUNDABLE.**Location of THIS sign: Large Monument facing GrandviewBusiness Name: Smaller at driveway entrance
Neon on building
Silvernail InnOwner Name: Elaine DolsonBusiness Phone: 262-446-9061For questions call: ☒ Business ☐ Sign Contractor

Office Use Only

☒ PICTURE/Drawing/Site Plan☒ FEE☐ ELECTRICAL PERMITPaid: 11-20-18 Initials: ma

Permit copy will be mailed to this address

Sign Contractor: The Wrap Shop MilwaukeeAddress: 20711 Watertown Rd. Suite ACity/State/Zip: Waukesha, WI, 53186Phone: 262-422-6142

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

Horizontal Width of Sign _____ Vertical dimension of Sign _____ TOTAL Square 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 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 Elaine Dolson 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:☐ 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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