

CITY OF WAUKESHA, WISCONSIN

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

PERMIT NUMBER

51618-00151

PERMANENT SIGN PERMIT APPLICATION

ONE APPLICATION PER SIGN

SITE ADDRESS: 2047 SILVERNAIL ROAD, WAUKESHA WI 53072

Office Use Only

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

Paid: 12-21-18 Initials: ma

Total Number of signs applying for today: 1 Value of Sign(s) \$ 5,406.00

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

Location of THIS sign: NORTH ELEVATION

PERMIT FEE: \$9794

\$2,313

Permit copy will be mailed to this address

Business Name: MCDONALD'S USA, LLC

Sign Contractor: TBD

Owner Name: JOE COCONATO

Address:

Business Phone: 630-649-8330

City/State/Zip:

For questions call: ☒ Business ☐ Sign Contractor

Phone:

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 Face

Horizontal Width of Sign 197" Vertical dimension of Sign 24" TOTAL Square Footage: 32.83 sq. ft.

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

Premise Data: Street Frontage: 221' Building or Tenant Space Width: 101' Other Street Frontage: 242'

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

THOMAS W. GOODE

Date 12-19-18

Zoning District: B-9

Gross sign area for premises: 252'

OFFICE USE ONLY

Area used by other signs: 58 sq. ft.

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

CITY OF WAUKESHA, WISCONSIN

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

PERMIT NUMBER

51618-00151

PERMANENT SIGN PERMIT APPLICATION

ONE APPLICATION PER SIGN

SITE ADDRESS: 2047 SILVERNAIL ROAD, WAUKESHA, WI 53072

Office Use Only

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

Paid: 12-21-18 Initials: ma

Total Number of signs applying for today: _____ Value of Sign(s) \$ 608

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

Location of THIS sign: WEST ELEVATION

Permit copy will be mailed to this address

Business Name: MCDONALD'S USA, LLC

Sign Contractor: TBD

Owner Name: JOE COCONATO

Address: _____

Business Phone: 630-649-8330

City/State/Zip: _____

For questions call: ☒ Business ☐ Sign Contractor

Phone: _____

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 Face

Horizontal Width of Sign 48" Vertical dimension of Sign 42" TOTAL Square Footage: 14 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: THOMAS W. GOODE Date: 12-19-18

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
☐ Projection☐ Architecturally compatible
☐ Avoid needless elaboration☐ Not to face R-district
☐ Consolidation of signs☐ Clearance
☐ Distracting sign☐ Area
☐ Setback☐ Corner Vision
☐ Other

Authorized Signature: [Signature] Date of Review: 1/11/19

INCOMPLETE APPLICATIONS MAY NOT BE PROCESSED.

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CITY OF WAUKESHA, WISCONSIN

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PERMIT NUMBER

51618-00151

PERMANENT SIGN PERMIT APPLICATION

ONE APPLICATION PER SIGN

SITE ADDRESS: 2047 SILVERNAIL ROAD, WAUKESHA, WI 53072

Total Number of signs applying for today: _____ Value of Sign(s) \$ 2,315

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

Location of THIS sign: EAST ELEVATION

Office Use Only

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

Paid: 12-21-18 Initials: ma

Permit copy will be mailed to this address

Business Name: MCDONALD'S USA, LLC

Owner Name: JOE COCONATO

Business Phone: 630-649-8330

For questions call: ☒ Business ☐ Sign Contractor

Sign Contractor: TBD

Address: _____

City/State/Zip: _____

Phone: _____

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 Flat ☒ Door ☒ Projecting ☐ Window ☐ Roof ☐ Billboard ☐ Awning ☐ Freestanding ☐ Yard ☐ Double Face

Horizontal Width of Sign 197" Vertical dimension of Sign 24" TOTAL Square Footage: 32.83 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

Print Name

THOMAS W. GOODE

Date 12-19-18

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
☐ Projection☐ Architecturally compatible
☐ Avoid needless elaboration☐ Not to face R-district
☐ Consolidation of signs☐ Clearance
☐ Distracting sign☐ Area
☐ Setback☐ Corner Vision
☐ Other

Authorized Signature

Date of Review

INCOMPLETE APPLICATIONS MAY NOT BE PROCESSED.

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④

CITY OF WAUKESHA, WISCONSIN

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PERMIT NUMBER

51618-00151

PERMANENT SIGN PERMIT APPLICATION

ONE APPLICATION PER SIGN

SITE ADDRESS: 2047 SILVERNAIL ROAD, WAUKESHA, WI 53072

Total Number of signs applying for today: _____ Value of Sign(s) \$ 42.00

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

Location of THIS sign: PULL FORWARD STALL

Office Use Only

☒ PICTURE/Drawing/Site Plan

☒ FEE

☐ ELECTRICAL PERMIT

Paid: 12-21-18 Initials: ma

Permit copy will be mailed to this address

Business Name: MCDONALD'S USA, LLC

Sign Contractor: TBD

Owner Name: JOE COCONATO

Address: _____

Business Phone: 630-649-8330

City/State/Zip: _____

For questions call: ☒ Business ☐ Sign Contractor

Phone: _____

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(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 14" Vertical dimension of Sign 47" TOTAL Square Footage: 4.6 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.

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Legal Signature: [Signature] Print Name: THOMAS W. GOODE Date: 12-19-18

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.

Sign Permit not required

☐ 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: [Signature] Date of Review: 1/11/19

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ONE APPLICATION PER SIGN

SITE ADDRESS: 2047 SILVERNAIL ROAD, WAUKESHA WI 53072

Office Use Only

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

Paid: 12-21-18 Initials: ma

Total Number of signs applying for today: _____ Value of Sign(s) \$ 42.00

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

Location of THIS sign: PULL FORWARD STALL

Permit copy will be mailed to this address

Business Name: MCDONALD'S USA, LLC

Sign Contractor: TBD

Owner Name: JOE COCONARO

Address: _____

Business Phone: 630-649-8330

City/State/Zip: _____

For questions call: ☒ Business ☐ Sign Contractor

Phone: _____

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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 14" Vertical dimension of Sign 47" TOTAL Square Footage: 4.6 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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Legal Signature

Print Name

THOMAS W. GOODE

Date 12-19-18

OFFICE USE ONLY

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

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

PERMIT NUMBER

91618-00151

PERMANENT SIGN PERMIT APPLICATION

ONE APPLICATION PER SIGN

SITE ADDRESS: 2047 SILVERNAIL ROAD, WAUKESHA, WI 53072

Office Use Only

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

Paid: 12-21-18 Initials: ma

Total Number of signs applying for today: _____ Value of Sign(s) \$ 42.00

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

Location of THIS sign: PARKING STALL

Permit copy will be mailed to this address

Business Name: MCDONALD'S USA, LLC

Sign Contractor: TBD

Owner Name: JOE COCONATO

Address: _____

Business Phone: 630-649-8330

City/State/Zip: _____

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

Paid: 12-21-18 Initials: ma

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Sign Contractor: TBD

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Legal Signature [Signature] Print Name THOMAS W. GOODE Date 12-19-18

OFFICE USE ONLY

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