



PERMANENT SIGN PERMIT APPLICATION

| SITE ADDRESS: 20th SIWEMAIL ROAD WAWELLIN W 5307 Total Number of signs applying for today: | | TION PER SIGN | | | |
|--|--|--|--|--|--|
| Total Number of signs applying for today: | | | | | |
| Permit Pack | 2 222. 340 mm. or 31 per sq. it. Required in just at time of submittee. | Sign(s) \$ 5,406 FEE IS NON-REFUNDABLE. | | | |
| Business Name: MCDONGANS USA, LUL Owner Name: Secondate Address: Sign Contractor: BD Address: For questions call: Business Sign Contractor 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 Wall Door Projecting Window Roof Billboard Flat Awning Freestanding Yard Double Face Horizontal Width of Sign 97 Vertical dimension of Sign 24 TOTAL Square Footage: 32.93 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: Jep Please Jep Plea | | 10 94 10 | | | |
| Owner Name: De Cocolatro | | \$ 2,315 Permit copy will be mailed to this address | | | |
| Business Phone: 630 - 649 - 8330 City/State/Zip: Phone: FTHIS IS AREA IS LEFT EMPTY, PERMIT WILL NOT BE MAILED. FTHIS IS AREA IS LEFT EMPTY, PERMIT WILL NOT BE MAILED. | Business Name: MCDoNALDS USA, LLC | Sign Contractor: TBD | | | |
| Sign Contractor Phone: | | Address: | | | |
| WANDATORY 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: YES, Permit No. BL. YES OF SIGN (Circle all that apply): Wall Door Projecting Window Roof Billboard Double Face Horizontal Width of Sign 197 Vertical dimension of Sign 24 TOTAL Square Footage: 3Z.93 sq. ft. If Sign is detached or projecting, please supply: Total Height Clearance: Setback: Premise Data: Street Frontage: 21 Building or Tenant Space Width: Of Other Street Frontage: 24 Usuar Projection 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 HOMAN W. GODE Date 12-19-18 Zoping District: Print Name Print Name Print Name Print Shall be voided. Must submit electrical permit within 30 days of meeting or permit shall be voided. Denied Does not conform to: 17. Consolidation of signs Setback Other | | City/State/Zip: | | | |
| 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 NO NOT APPLICABLE | For questions call: Business Sign Contractor | | | | |
| No must submit an electrical permit signed by a licensed electrician with all illuminated sign permit applications. HAS THIS BEEN DONE? | | IF THIS IS AREA IS LEFT EMPTY, PERMIT WILL NOT BE MAILED. | | | |
| CHECK ONE: New Sign Existing Sign Face Change Only Wall Door Projecting Window Flat Awning Freestanding Yard Double Face Setback TOTAL Square Footage: 32.93 sq. ft. | You must submit an electrical permit signed by a licensed electrician with all illuminated sign permit applications. | | | | |
| New Sign Existing Sign Face Change Only Wall Door Projecting Window Roof Billboard Awning Freestanding Yard Double Face | ATTACH A COLOR PHOTO, DRAWING, AND/OR SITE P | LAN. Show dimensions to scale, colors, and location of sign. | | | |
| If Sign is detached or projecting, please supply: Total Height Clearance: Setback: Premise Data: Street Frontage: Building or Tenant Space Width: Other Street Frontage: A 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 | New Sign Existing Sign Face Change Only Wall Door Projecting Window Roof Billboard Flat Awning Freestanding Yard Double Face | | | | |
| Premise Data: Street Frontage: 22 Building or Tenant Space Width: 0 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 | Horizontal Width of Sign Vertical dimension of S | Sign_ 29 TOTAL Square Footage: sq. ft. | | | |
| 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 Flower Date 12-19-18 Zoning District: Gross sign area for premises: Area used by other signs: State of Wisconsin area for premises: Area used by other signs: State of Wisconsin area for premises: Area used by other signs: State of Wisconsin area for premises: Area used by other signs: State of Wisconsin area for premises: Area used by other signs: State of Wisconsin area for premises: State of Wisconsin a | If Sign is detached or projecting, please supply: Total Height Clearance: Setback: | | | | |
| 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 | Premise Data: Street Frontage: A F Building or Tenant S | pace Width: Other Street Frontage: | | | |
| 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 | PLEASE LIST ALL EXISTING SIGN | AGE ON THE BACK OF THIS SHEET. | | | |
| Zoping District: 3 Gross sign area for premises: 43 Area used by other signs: 5 4 Approved Conditions (if any): Must submit electrical permit within 30 days of meeting or permit shall be voided. 79 66 44 + 1 + 58 existy = 137.66 44 + 157.66 | 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 | | | | |
| Zoping District: | Legal Signature Print Nam | e + HOMAS W. GOODE Date 12-19-18 | | | |
| Denied Does not conform to: Denied Does not conform to: 137.66 sq.ff 137.66 sq.ff Height | Zoning District: Gross sign area for premises: | Area used by other signs: 20% | | | |
| Height Architecturally compatible Not to face R-district Clearance Area Corner Vision Notion Projection Avoid needless elaboration Consolidation of signs Distracting sign Setback Other | | | | | |
| Projection Avoid needless elaboration Consolidation of signs Distracting sign Setback Other | | 686.ft. total + 70 existing- | | | |
| Authorized Signature Date of Review | ☐ Height ☐ Architecturally compatible ☐ Not to face R-district ☐ Projection ☐ Avoid needless elaboration ☐ Consolidation of signs | | | | |
| | Authorized Signature NUMBER APPLICATION OF THE APPL | Date of Review 7 1 7 | | | |





PERMANENT SIGN PERMIT APPLICATION

| ONE APPLICA | HON PER SIGN | | | |
|---|---|--|--|--|
| SITE ADDRESS: 2047 SILVERNAIL ROAD | MAUKESHA MT 53072 Office Use Only PICTURE/Drawing/Site Plan | | | |
| Total Number of signs applying for today: Value of S | FICT ORE/Drawing/site Flan | | | |
| 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 | □ ELECTRICAL PERMIT | | | |
| | Paid: 12-21-18 Initials: | | | |
| Rusiness Name: MCDONALD'S USA, LLC | Permit copy will be mailed to this address Sign Contractor: TBD | | | |
| Business Name: MCDONALD'S USA, LLC Owner Name: JOE COCONATO | Address: | | | |
| Business Phone: 630 -649 -8330 | City/State/Zip: | | | |
| For questions call: Business Sign Contractor | Phone: | | | |
| To diemono em 🛅 promisor | IF THIS IS AREA IS LEFT EMPTY, PERMIT WILL NOT BE MAILED. | | | |
| AND AND A COUNTY PROPERTY AND | | | | |
| You must submit an electrical permit signed by a license | ation will be returned if left blank.) d 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 P | LAN. Show dimensions to scale, colors, and location of sign. | | | |
| CHECK ONE: | TYPE OF SIGN (Circle all that apply): | | | |
| ■New Sign □Existing Sign □Face Change Only | Wall Door Projecting Window Roof Billboard Flat Awning Freestanding Yard Double Face | | | |
| UB" | Sign 42 " TOTAL Square Footage: 14 sq. ft. | | | |
| Horizontal Width of Sign Vertical dimension of S | rotal Square Footage: 17 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 SIGN | AGE 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 | e THOMAS W. GOODE Date 12-19-18 | | | |
| | 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 ☐ Projection ☐ Avoid needless elaboration ☐ Consolidation of signs | ☐ Clearance ☐ Area ☐ Corner Vision | | | |
| 1 / 1 / / / | ☐ Clearance ☐ Area ☐ Corner Vision ☐ Distracting sign ☐ Setback ☐ Other | | | |

INCOMPLETE APPLICATIONS MAY NOT BE PROCESSED.



PERMANENT SIGN PERMIT APPLICATION

| ONE APPLICATION PER SIGN | | | |
|---|--|--|--|
| SITE ADDRESS: 2047 SILVERNAIL ROAD WAUKESHA WE 53072 PICTURE/Drawing/Site Plan | | | |
| 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 ELECTRICAL PERMIT Paid: 12-21-18 Initials: ma | | | |
| Paid: 12 21 10 Initials: 12 21 | | | |
| Business Name: MCDONALD'S USA, UL Sign Contractor: TBD Owner Name: JOE COCONATO Address: | | | |
| 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: TYPE OF SIGN (Circle all that apply): | | | |
| New Sign Existing Sign Face Change Only 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: 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 | | | |
| 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 | | | |

INCOMPLETE APPLICATIONS MAY NOT BE PROCESSED.





PERMANENT SIGN PERMIT APPLICATION

| ONE APPLICATION PER SIGN | | | | |
|---|--|--|--|--|
| SITE ADDRESS: 2047 SILVERNAIL ROAD WAUKESHA WE 53072 PICTURE/Drawing/Site Plan | | | | |
| Total Number of signs applying for today: Value of Sign(s) \$ 42.00 FEE. \$40 min or \$1 payer of the Provided in full statume of submitted FEE IS NON PETUDDAPLE. | | | | |
| LEIC. 540 Hill, Of 51 per sq. it. Required in full distance of Submitted. FEE 15 NOTE: 1 | | | | |
| Location of THIS sign: PULL FORWARD STALL | | | | |
| Paid: At Telnitials: Att | | | | |
| Business Name: MCDONALD'S USA, LU Sign Contractor: TBD Owner Name: JOE COCONATO Address: | | | | |
| 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 | | | | |
| 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. | | | | |
| 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 N-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. | | | | |
| SBN Perm A not pox no | | | | |
| Denied Does not conform to: | | | | |
| Height Architecturally compatible Not to face R-district Clearance Area Corner Vision Note of the Research Corner Vision Distracting sign Setback Other | | | | |
| Authorized Signature Date of Review 1/1/1/ | | | | |



PERMIT NUMBER 5/418-00 151

PERMANENT SIGN PERMIT APPLICATION

| 7047 (11/102 M) PAR-1 | | Office Use Only | | |
|--|-------------------------------|------------------------------------|--|--|
| SITE ADDRESS: 2047 SILVERNAIL ROAD, | MAUKESHA VAL 3302 | PICTURE/Drawing/Site Plan | | |
| Total Number of signs applying for today: Value of S | Sign(s) \$ 429 | FEE | | |
| L' 1212. 340 mm. of 31 per sq. m. Requirea in juit at time of submittat. | THE TO INCLUMENT OF STREET | ☐ ELECTRICAL PERMIT | | |
| Location of THIS sign: PULL FORWARD STAL | L | Paid: 12-21-18 Initials: Mile | | |
| To a contract to | Permit copy wil | l be mailed to this address | | |
| Business Name: MCDONALD'S USA, LLC Owner Name: SOE COCONATO | Sign Contractor: TBD | | | |
| Owner Name: SOE COCONATO | Address: | | | |
| Business Phone: 630 -649 -8330 | City/State/Zip: | | | |
| For questions call: Business Sign Contractor | Phone: | | | |
| | IF THIS IS AREA IS LEFT EM | PTY, PERMIT WILL NOT BE MAILED. | | |
| (MANDATORY FIELD; applie You must submit an electrical permit signed by a license HAS THIS BEEN DONE? YES, Permit No. BL | d electrician with all illumi | nated sign permit applications. | | |
| ATTACH A COLOR PHOTO, DRAWING, AND/OR SITE P | LAN. Show dimensions to sca | ale, 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 | | | | |
| If Sign is detached or projecting, please supply: Total Height Clearance: Setback: | | | | |
| Premise Data: Street Frontage: Building or Tenant Sp | pace Width: Othe | r 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 Print Name Print Name | | | | |
| | 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 Consolidation of signs | | Area Corner Vision Setback Other | | |
| Authorized Signature Date of Review 1/1/19 | | | | |
| INCOMPLETE APPLICATI | ONS MAY NOT BE PROC | SICSNACID. / | | |



| SITE ADDRESS: 2047 SILVERNAIL ROAD WAYKESHA WE 530% Office Use Only | | | | |
|---|--|--|--|--|
| Total Number of signs applying for today: Value of Sign(s) \$ \square 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 Paid: 12-21-18 Initials: Ma | | | | |
| Business Name: MCDonacos USA, LLC Sign Contractor: TBD | | | | |
| Owner Name: SOE 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 Wall Door Projecting Window Roof Billboard 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. | | | | |
| 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: 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: Form + not round | | | | |
| 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 1/1/19 | | | | |



PERMANENT SIGN PERMIT APPLICATION

| | FION PER SIGN | | | |
|---|--|--|--|--|
| SITE ADDRESS: 2047 SILVERNAIL ROAD | MAUKESHA ME 5303 | Office Use Only ☑ PICTURE/Drawing/Site Plan | | |
| Total Number of signs applying for today: Value of S | Sign(s) \$ 4200 | 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: PARKING STALL | | Paid: 12-21-18 Initials: Na | | |
| | | | | |
| Business Name: MCDONALD'S USA, LLC Owner Name: SOE COCONATO | Sign Contractor: TBD | be mailed <u>to this address</u> | | |
| Owner Name: SOE COCONATO | | | | |
| Business Phone: 630 -649 - 8330 | | | | |
| For questions call: Business Sign Contractor | Phone: | | | |
| and dispersion and the second | | — PTY, PERMIT WILL NOT BE MAILED. | | |
| A SANDARADAY EVEN B. U. | | | | |
| You must submit an electrical permit signed by a license | ed electrician with all illumir | nated sign permit applications. | | |
| HAS THIS BEEN DONE? YES, Permit No. BL- | | NO NOT APPLICABLE | | |
| ATTACH A COLOR PHOTO, DRAWING, AND/OR SITE P | LAN. Show dimensions to sca | le, colors, and location of sign. | | |
| CHECK ONE: New Sign | TYPE OF SIGN (Circle all the Wall Door Projecting) | Window Roof Billboard | | |
| Horizontal Width of Sign 14" Vertical dimension of S | | ding Yard Double Face pare Footage: 4.6 sq. ft. | | |
| If Sign is detached or projecting, please supply: Total | Height Clearance: | Setback: | | |
| Premise Data: Street Frontage: Building or Tenant S1 | pace Width: Other | Street Frontage: | | |
| PLEASE LIST ALL EXISTING SIGN | AGE ON THE BACK OF T | 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 | | | | |
| | e THOMAS W. GO | ODE Date 12-19-18 | | |
| 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 Boes not conform to: | | | | |
| Defined aboes not combine to. | | | | |
| ☐ Height ☐ Architecturally compatible ☐ Not to face R-district ☐ Projection ☐ Avoid needless elaboration ☐ Consolidation of signs | | Area Corner Vision Setback Other | | |
| Authorized Signature W/ll/4// | | 1/11/19 | | |
| Authorized Signature | Date of Rev | new I/ / / / | | |

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