



CITY OF SHEBOYGAN

SIGN PERMIT APPLICATION

Fee:	c
Review Date: _	

Read all instructions before completing. If additional space is needed, attach additional pages.

SECTION 1: Applicant/ Permittee Infor	mation	**			
Name (Ind., Org. or Entity) Valley City Sign	Authorized Representative Crystal Walkons		Title Permit Administrator		
Mailing Address 5009 West River Dr	City Comstock Park		State MI		ZIP Code 49321
Email Address cwalkons@valleycitysign.com		Phone Number (inc	l. area cod	e)	
SECTION 2: Landowner Information (co	omplete these fields	when project site o	wner is di	ferent th	an applicant)
Name (Ind., Org. or Entity) Tommy's Express Car Wash	Contact Person		Title		
Mailing Address 3627 Washington Ave	City Sheboygan		State WI		ZIP Code 53081
Email Address		Phone Number (inc	cl. area cod	le)	
SECTION 3: Description of the Propose	d Sign and Use of th	ne Subject Site			
Name of Proposed/existing business: To					
Address of property affected: 3627 Wash	ington Ave S Frontage R	d			
Use of property: Car Wash		Type of Sign: Wall			
Description of sign:					
(Directional) "App" on canopy above drive	e-thru lane				
SECTION 4: Configuration of Proposed					
Height: 10"	Width: 45.25"		Total Squ	are Foota	ge: 3.14
Amount of public street frontage: 220' o					
	unt of exposed exterior wall length: 35' Setback: N/A				
Method of Attachment:					
Method of Illumination: LED internal illumination					
Sign Materials: ACM panel with plex face	w	120/2020	A £1	1000000	ad almost
Total square footage of signs on subject property – Before proposed sign: After proposed sign:					ea sign:
SECTION 5: Certification and Permission	on		-f +b	or of the	proporty which is
Certification: I hereby certify that I am the owner or authorized representative of the owner of the property which is					
the subject of this Sign Permit Application. I certify that the information contained in this form and attachments are					
true and accurate. I certify that the project will be in compliance with all conditions. I understand that failure to					
comply with any or all of the provisions of the permit may result in permit revocation and a fine and/or forfeiture					
under the provisions of applicable laws. Permission: I hereby give the City permission to enter and inspect the property at reasonable times, to evaluate this					
notice and application, and to determi	ne compliance with	any resulting permit	coverage.	Joie enrice	,, 10 01414414
Name of Owner/Authorized Represent	ative (please print)	Title		Phone N	umber
Crystal Walkons	ative (piease pimit)	Permit Administrato	or	616-785	
Signature of Applicant		-	Date Sign		
			// /	- (-)	

Complete application is to be filed with the Department of City Development, 828 Center Avenue, Suite 208. If required to be placed on the agenda of the City Plan Commission or Architectural Review Board, application must be filed three weeks prior to date of meeting – check with City Development on application submittal deadline date. Applications will not be processed if all required attachments and filing fee (payable to the City of Sheboygan) are not submitted along with a complete and legible application. Application filing fee is non-refundable.

APPLICATION SUBMITTAL REQUIREMENTS

- a. <u>For new development</u>, the approved site plan for the subject property, showing the location and dimensions of all buildings, structures, signs on the subject property, property boundaries and dimensions; and the location of the proposed sign.
- b. <u>For existing development</u>, a site plan approved by the City Planner & Zoning Manager, showing the location and dimensions of all buildings, structures, signs on the subject property, property boundaries and dimensions; and the location of the proposed sign.
- c. A scale drawing of the proposed sign listing the height, width, total square footage, method of attachment, method of illumination, sign materials, design and appearance.
- d. The subject property's zoning classification.
- e. The total area of all signs on the subject property both before and after the installation of the proposed sign.
- f. Provide three 8.5 x 11 color renderings of proposed sign. Attach any superimposed photos, photos or drawings that may help in reviewing sign application.

Notes

Any information submitted on the application will become public record and is not subject to confidentiality.

Applicant is required to obtain a Sign Permit from the Building Inspection Department, Second Floor, City Hall, 828 Center Avenue.

Permit may be revoked without notice if misrepresentation of any of the above information or attachments is found to exist.

Permit shall expire within one (1) year from date of approval unless substantial work has commenced.

Permit is null and void if issued in error. It is understood that any permit issued on this application will not grant any right or privilege to erect any sign or to use any permits for any purpose that is prohibited by the City Zoning Ordinance or any other State or local laws.

	Office Us	e Only		
ACTION BY DEPARTME	ENT OF CITY DEVELOPM	ENT – SIGN PEF	RMIT APPLICATION	
APPROVED:	CONDITIONALLY APPR	OVED:	DENIED:	
CONDITIONS:				
(
SIGNATURE:		DATE:		

Steve Sokolowski City Planner & Zoning Manager





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Mailing Address	City		State		ZIP Code 49321
5009 West River Dr	Comstock Park		MI		49321
Email Address cwalkons@valleycitysign.com	Phone Number (in 616-785-5713		cl. area code)		
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Height: 10"	Width: 45.25"		Total Squ	are roota	ge. 3.14
Amount of public street frontage: 220' o					
Amount of exposed exterior wall lengt			Setback: N	N/A	
			Setback: N	N/A	
Amount of exposed exterior wall lengt	h: 35'		Setback: N	N/A	
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	Off	ice Use Only		
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APPROVED:	CONDITIONALLY AF	PPROVED:	DENIED:	
CONDITIONS:				
-				
0				
8=				
SIGNATURE:	Stove Sekolowski			

Steve Sokolowski City Planner & Zoning Manager





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SECTION 4: Configuration of Proposed Height: 10.57"	Sign Width: 64.84"		Total Squa	are Footag	ge: 4.76
	Width: 64.84"				ge: 4.76
Height: 10.57"	Width: 64.84" on Washington Ave		Total Squa		ge: 4.76
Height: 10.57" Amount of public street frontage: 220' of Amount of exposed exterior wall length Method of Attachment:	Width: 64.84" on Washington Ave h: 35'				ge: 4.76
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	Office Use O	nly	
ACTION BY DEPARTM	ENT OF CITY DEVELOPMEN	T – SIGN PER	MIT APPLICATION
APPROVED:	CONDITIONALLY APPROV	'ED:	DENIED:
CONDITIONS:			
·			
9			
3			
·			
SIGNATURE:		DATE:	
5	Steve Sokolowski		

City Planner & Zoning Manager