



City of Milton Application and Record

~~Conditional Use Permit - Signage~~

Variance

ZBA

Application Date: 6/19/18
 Applicant Name/Agent: Matt Stried
 Owner of Property: Great Smiles Dental
 Business Name: Great Smiles Dental
 Address: 858 Arthur Dr.
 City/State/Zip: Milton, WI 53563
 Telephone: 608-75
 Email: salipker@gmail.com

Date to be Reviewed by ~~Plan Commission~~: 8/21
 Date to be Reviewed by ~~Common Council~~: _____

Type of Sign Requested: (check all that apply)		
Variable Message Sign	Pylon	Marquee
<input checked="" type="checkbox"/> Monument	Illuminated	Freestanding
Off-Premise Directional	Community Information	

Reason for Request/Appeal or Reason Permit was Refused: A second ground sign is not allowed. Great Smiles will remove existing "Agard & Lipker" wall sign if monument sign is allowed. Need visibility on both streets.

Property Location for Project

Address: 858 Arthur Drive.

Description of Premise (Including Existing and Proposed Buildings): 1 wall sign reading "Family Dentistry", 1 Pylon sign on Hwy 26, 1 proposed

Current Zoning: A1 A2 B1 B2 B3 M1 M2 MR PUD Proposed Zoning: A1 A2 B1 B2 B3 M1 M2 MR PUD

Present Use: Dental Office Present Occupancy: Commercial

Property Lot Size: _____ (square feet or acres)

**All ordinance setbacks must be met and proposed signage cannot be located in a vision triangle.

The undersigned hereby agrees that the foregoing information is true and accurate, and that if this permit or request is granted, all work will be done in accordance with this application and all the Ordinances of the City of Milton.

Applicant Signature:

Print Name: Matthew Stried

Recommendations by Director of Public Works: _____

Filed this 23 day of July, 2018

Howard Robinson
Director of Public Works / Building Inspector, Howard Robinson

Leanne Schroeder
City Clerk, Leanne Schroeder

Publication Date: 8/9