

Downtown Area Design Review Committee
Department of City Development
730 Washington Ave. Room 306
Racine, WI 53403

PROJECT NAME AND ADDRESS
COSMIC CORNER
335 Main Street
Racine, WI

DESCRIPTION

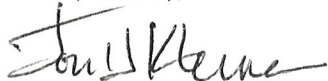
Michael's Signs, Inc. is proposing to install One (1) set of Reverse channel illuminated letters and logo onto the building front.

The letters will be moved from the current location at 1200 N Main Street.

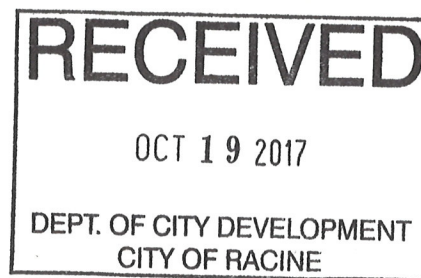
Please refer to drawing #1(2) dated 10-6-17.

We thank you in advance for your approval.

Respectfully,



Jon H Klema
MICHAEL'S SIGNS, INC



**CITY OF RACINE, WISCONSIN
APPLICATION FOR PROJECT REVIEW**

BY A DESIGN OR DEVELOPMENT REVIEW AUTHORITY

Downtown ☒ State Street _____ West Racine _____ Uptown _____ Douglas Avenue _____
Olsen Industrial Park _____ Young Industrial Park _____ (Jacobsen/Textron) Redevelopment Area _____ (Racine Steel)
Redevelopment Area _____ Plan Commission _____

(Not a substitute for building or sign permit approval)

Submit Completed Application and Supporting Materials To:

Department of City Development

730 Washington Ave., Room 306, Racine, WI 53403

Phone: (262)636-9151 or Fax: (262)636-9329

IMPORTANT NOTICE: Failure to submit a complete application and required supporting materials may result in an application being rejected, or the review body deferring or denying a proposal.

PROJECT ADDRESS OR LOCATION: 335 MAIN ST.

PROJECT TYPE: Exterior Remodel _____ Addition _____ New Construction _____ Façade Restoration _____ Sign ☒ Other _____
Provide Estimate of Aggregate Project Cost:

BRIEFLY DESCRIBE PROJECT: _____

INSTALL LETTERS AND LOGO FROM CURRENT LOCATION AT 1200 MAIN ST.

Anticipated Start Date: _____

Estimated Completion Date: _____

PROPERTY OWNER: Owner Name: _____

(Required Information)

Address: _____ State: _____ Zip Code: _____ Phone #: _____

Fax #: _____ E-Mail: _____ Date: _____ Signature: _____

BUSINESS INFO: Business Representative: TJ STREET JAY Business Name: COSMIC CORNER

Business Address: 1200 MAIN ST. State: WI Zip Code: 53403 Phone #: 314-545-0697

Fax #: _____ E-Mail: _____ Date: 10/19/17 Signature: TJ Street Jay J. Klein

AGENT INFO: Firm Name: MICHAEL'S SIGNS

and Contact: Jon Klein

(Architect/Engineer/Designer)

Address: 3914 S. MEMORIAL DR State: RACINE Zip Code: 53403 Phone #: 554-6066

Fax #: _____ E-Mail: _____ Date: 10/19/17 Signature: Jon Klein

CITY STAFF COMPLETE THIS SECTION

Date received: _____ Date to be reviewed: _____ Action: _____

SUBJECT PROPERTY IS (CHECK ALL THAT APPLY):

In a Historic District _____ Designated Local Landmark _____ State Landmark _____ National Landmark _____ NA _____

ADDITIONAL CITY ACTION THAT MAY BE REQUIRED:

Date of Plan Commission review: _____ Plan Commission action: _____

Date of Common Council review: _____ Common Council action: _____

Other: _____

SEE REVERSE SIDE FOR SUBMITTAL REQUIREMENTS

NEIGHBORING PROPERTIES

331 MAIN

* 335 MAIN

341 MAIN



PROPERTIES ACROSS THE STREET





COSMIC CORNER / ILLUMINATED EXTERIOR WALL SIGN

***MOVE SIGN TO NEW LOCATION SHOWN**

U.L. CERTIFIED FABRICATION AND INSTALLATION

ONE(1) SET OF REVERSE-ILLUMINATED ALUMINUM CHANNEL LETTERS WITH WELDED RETURNS AND PAINTED FINISH (TBD)

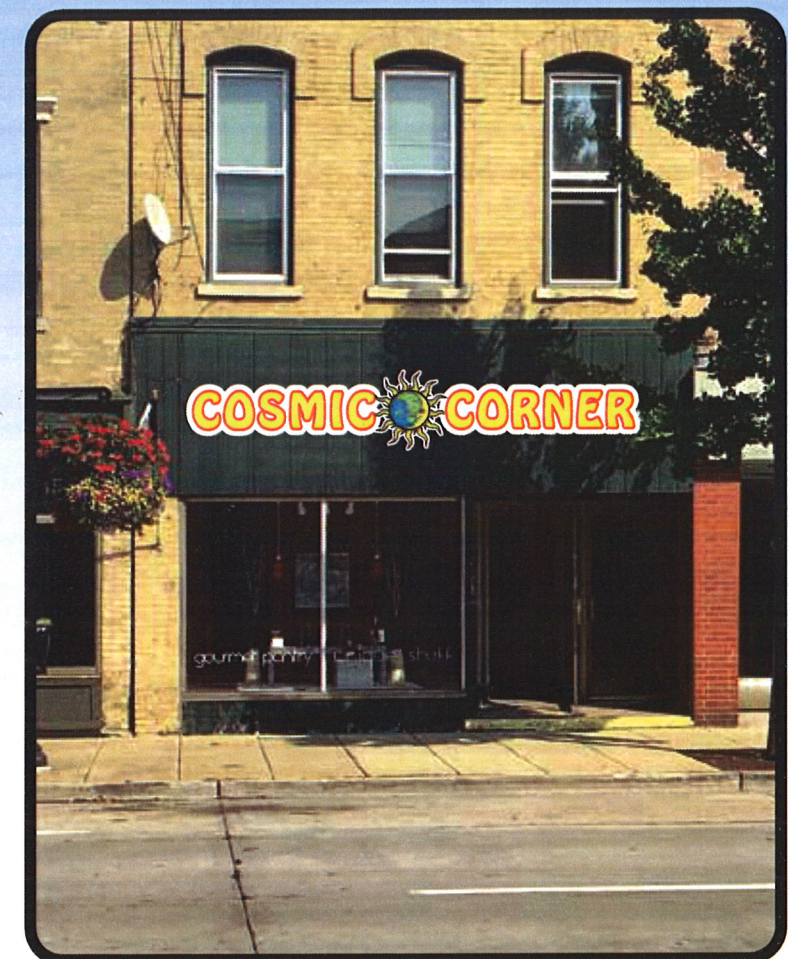
CLEAR PLEXIGLASS BACKERS WITH THREADED ALUMINUM STAND-OFF HARDWARE AND SPACERS.

INTERNAL WHITE PAINTED FINISH AND WHITE LED HALO ILLUMINATION

ONE(1) FABRICATED ALUMINUM BACKER PANEL WITH WELDED RETURNS, VINYL GRAPHICS, PAINTED FINISH, AND INTERAL LED POWER SUPPLY

ADDITIONAL:

CENTRAL LOGO TO BE FACE-LIT AND HALO-LIT CIRCLE, HALO-ILLUMINATION CAST ONTO BACKER PANEL WITH VINYL GRAPHICS FOR "SUN'S RAYS"



"We Project Your Image"

PH: (262) 554-6066
TOLL FREE: (800) 554-8110

Client: COSMIC CORNER	Date: 3-29-12	REVISION		Illumination: <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES TYPE LED <input checked="" type="checkbox"/> SINGLE SIDED <input type="checkbox"/> DOUBLE SIDED	Paint Colors (AkzoNobel): <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Vinyl Film Colors (3M Scotcheal): <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Client Signature: Signature _____ Date _____	
	Drawing #: 1(2)	<input type="checkbox"/> 4-15-12	<input type="checkbox"/>	Electrical Requirements: <input checked="" type="checkbox"/> 120 <input type="checkbox"/> 277	Quantity: 1			NOTICE: Michael's Signs, Inc. does NOT provide primary electrical to sign location - RESPONSIBILITY OF OTHERS The Ideas and designs contained in this original and unpublished drawing are the sole property of Michael's Signs, Inc. and MAY NOT BE USED OR REPRODUCED in whole or in part without written permission.
Address: 335 MAIN ST	Sheet: 1 of	<input type="checkbox"/> 10-6-17	<input type="checkbox"/>	Sign Specifications: NOTED ABOVE				
City, State: RACINE, WI 53403	Scale: 3/4" = 1'	<input type="checkbox"/>	<input type="checkbox"/>					
Sales Rep: JON KLEMA	Designer: MP	<input type="checkbox"/>	<input type="checkbox"/>					

NOTE: DUE TO THE PHYSICAL LIMITATIONS OF THE PAPER AND INK INVOLVED IN THIS PRINTING PROCESS, THIS CUSTOM ARTWORK IS NOT INTENDED TO PROVIDE AN EXACT MATCH TO THE ACTUAL FINISHED PAINTED PRODUCT.