

VILLAGE OF ELK GROVE VILLAGE
APPLICATION FOR SIGN PERMIT

901 WELLINGTON AVE * (847) 357-4220
 ELK GROVE VILLAGE, IL 60007

Do not write in this space

Date Issued _____
 Sign Permit No. _____
 See Bldg. Perm. No. _____

I, the undersigned, hereby apply for a permit to do sign work described herein and to conform with all regulations of said ordinances of Elk Grove Village.

Name of Owner: _____	Phone: _____
Address of Owner: _____	
(Address of Work): _____	Parcel/Pin #: _____
Contractor's Name: _____	Phone: _____
Contractor's Address: _____	
Give exact Street Address at which work is to be done.	

NOTE: Mark X in all squares below to indicate class of work to be done.

- | | | |
|--|--|--|
| <input type="checkbox"/> Monument Sign | <input type="checkbox"/> Real Estate Sign | <input type="checkbox"/> Temporary Sign-Banner or Pennants |
| <input type="checkbox"/> Free Standing Sign | <input type="checkbox"/> Billboard | <input type="checkbox"/> Illuminated Sign-Reface Only |
| <input type="checkbox"/> Wall Sign | <input type="checkbox"/> Projecting Sign | <input type="checkbox"/> Illuminated Sign-Electric Appl. Req'd |
| <input type="checkbox"/> Identification Sign | <input type="checkbox"/> Canopy or Marquee | <input type="checkbox"/> Non Illuminated Sign |
| <input type="checkbox"/> Directional Sign | | |

- | | | |
|--------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Residential | <input type="checkbox"/> Commercial | <input type="checkbox"/> Industrial |
|--------------------------------------|-------------------------------------|-------------------------------------|

Horizontal Dimension _____	Vertical Dimension _____	Total Area in Sq. Ft. _____
----------------------------	--------------------------	-----------------------------

REQUIREMENTS LISTED BELOW MUST ACCOMPANY APPLICATION.

- | | | |
|---|---|---|
| <input type="checkbox"/> Owner's Letter | <input type="checkbox"/> Plat of Survey | <input type="checkbox"/> Value of Sign \$ _____ |
|---|---|---|

Comments: _____

TOTAL FEE.....\$ _____

NOTE: FOR ADDITIONAL REMARKS USE REVERSE SIDE HEREOF

Date _____ 20 ____	APPROVED THIS _____ DAY OF _____ 20 ____
Signed _____ Applicant	BY _____