



City of West Chicago

Community Development Department
475 Main Street, West Chicago, IL 60185

Phone: (630) 293-2200 x 131 / Fax: (630) 293-1257

APPLICATION FOR SIGN PERMIT

Permit Number: _____

Date Received: ____/____/____

Permit Fee: \$ _____

(FOR OFFICE USE ONLY)

Application is Hereby Made to:

At the Following Location:

- Erect/Affix
- Alter
- Face Change

- Permanent Sign*
- Temporary Sign/Banner
- Subdivision/Shopping Center Identification Sign

(Street Address)

(Name of Business)

(Applicant)

(Address)

(Phone / Fax)

(Property Owner, if other than Applicant)

(Address)

(Phone)

(Sign Contractor)

(Address)

(Phone / Fax)

FREESTANDING SIGN

- Illuminated
- Non-illuminated

____ Sign Length ____ Sign Width (feet)

____ Overall Sign Height (feet)

____ Total Area of Sign (square feet)

* SUBMIT PLAT OF SURVEY OR SITE PLAN
SHOWING SIGN LOCATION.

WALL SIGN or BANNER

- Wall Sign
- Banner (14 days)
- Non-illuminated
- Illuminated

If illuminated, from ____ AM/PM to ____ AM/PM

____ Projection From Wall (inches)

____ Sign Length ____ Sign Width (feet)

EXPECTED INSTALLATION DATE ____/____/____

____ Total Area of Sign (square feet)

____ Width of front lot line (feet)

____ Width of building front (feet)

ESTIMATED COST OF SIGN \$ _____

**FOR ILLUMINATED SIGNS, INDICATE ON PLANS WHAT TYPES OF RACEWAY
CONDUCTORS AND LOCATION OF DISCONNECT.**

★ A DRAWING OF THE SIGN, INDICATING LOCATION, DIMENSIONS, AREA, OVERALL HEIGHT, ILLUMINATION (INCLUDING ELECTRICAL PLANS) AND METHOD OF SUPPORT/ATTACHMENT **MUST BE ATTACHED TO THIS FORM.** ★

STATEMENT OF APPLICANT:

I certify that all of the above statements are true and accurate and that all work performed as outlined above will be in accordance with the description that accompanies this application.

(Signature of Applicant or Owner)

(Print Name Here)

(Phone)

*Temporary sign permits are valid for fourteen (14) days. Temporary banner permits are valid for fourteen (14) days.
Up to four (4) temporary sign or banner permits per building will be permitted in a calendar year.*

Permit Issued (For Official Use Only)

Permit Denied – Reason _____

Plan Reviewer _____

Date ____/____/____

Building Reviewer _____

Date ____/____/____