



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:	<u>20060058</u>
Date Received:	<u>6 / 12 / 2020</u>
Permit Fee: \$	<u>0.00</u>
(FOR OFFICE USE ONLY)	

Application is Hereby Made to:

At the Following Location:

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Erect/Affix | <input type="checkbox"/> Permanent Sign* |
| <input type="checkbox"/> Alter | <input checked="" type="checkbox"/> Temporary Sign/Banner |
| <input type="checkbox"/> Face Change | <input type="checkbox"/> Subdivision/Shopping Center Identification Sign |

475 Main Street
(Street Address)
West Chicago City Hall
(Name of Business)

Administration Dept. 475 Main St. 630.293.2200
(Applicant) (Address) (Phone / Fax)
City of West Chicago 475 Main St. 630.293.2200
(Property Owner, if other than Applicant) (Address) (Phone)
Sign A Rama 946 N Nelthor 630.293.7300
(Sign Contractor) (Address) (Phone / Fax)

<u>FREESTANDING SIGN</u>	<u>WALL SIGN or BANNER</u>
<input type="checkbox"/> Illuminated <input type="checkbox"/> 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.	<input checked="" type="checkbox"/> Wall Sign <input type="checkbox"/> Non-illuminated <input type="checkbox"/> Banner (14 days) <input type="checkbox"/> Illuminated If illuminated, from _____ AM/PM to _____ AM/PM _____ Projection From Wall (inches) <u>8'</u> Sign Length <u>4'</u> Sign Width (feet) EXPECTED INSTALLATION DATE <u>6/12/2020</u> _____ 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) Rosemary Mackey 630-293-2200
(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 [Signature] Date 6/12/20
 Building Reviewer _____ Date / /