

G O D F R E Y



I L L I N O I S

SIGN PERMIT APPLICATION

DATE: _____

ADDRESS OF PROJECT: _____

PARCEL: _____ ZONING DISTRICT: _____

APPLICANT: _____

PHONE/EMAIL: _____

OWNER OF SITE LOCATION: _____

ADDRESS: _____

PHONE/EMAIL: _____

SIGN DESCRIPTION: _____

ELECTRICIAN LICENSE # (IF ILLUMINATED): _____

PLEASE PROVIDE THE FOLLOWING INFORMATION WITH APPLICATION:

- | | |
|---|--|
| 1. MASTER OF COMMON SIGNAGE PLAN,
INCLUDING: | 2. RENDERING OF PROPOSED SIGN,
INCLUDING: |
| A. SITE LAYOUT PLAN | A. DIMENSIONS |
| B. SIGN SPECIFICATIONS | B. AREA |
| C. PROPOSED SIGN LOCATION | C. HEIGHT |
| D. LIGHTING OR ILLUMINATION | D. ILLUMINATION |
| E. SHARED USAGE ARRANGEMENTS, IF
ANY | E. SUPPORT METHOD/ ATTACHMENT |
| | F. ART WORK/ MESSAGE ON SIGN |
| | 3. LOCATION OF ANY NEARBY TRAFFIC
DEVICES |

PLEASE ALLOW UP 48 HOURS FOR PLAN REVIEW. INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED. ALL INSPECTION APPOINTMENTS MUST BE MADE AT LEAST 24 HOURS IN ADVANCE. FAILED INSPECTIONS WILL REQUIRE A RE-INSPECTION FEE TO BE PAID BEFORE SCHEDULING FOLLOW-UP. IT IS THE OWNER'S RESPONSIBILITY TO VERIFY EXACT PROPERTY LINES AND UTILITIES PRIOR TO CONSTRUCTION TO ASSURE SET BACK REQUIREMENTS ARE MET. SOME DISTANCES MAY NEED TO BE INCREASED DUE TO UTILITY EASEMENTS. ADDITIONAL PERMITS MAY BE REQUIRED BASED ON SCOPE OF WORK. PLEASE REFER TO CURRENT FEE SCHEDULE.

SIGNATURE OF APPLICANT: _____

I affirm and certify that all the information and answers to questions herein are complete, true, and correct to the best of my knowledge and belief. I understand that any misrepresentation, falsification, or omission of any facts called for in the application may render this application void and will be cause for revocation of permit(s), whenever discovered. Any person who shall violate or fail to comply with any building codes or permit process shall be charged according to current Village ordinances.

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