

SIGN PERMIT APPROVAL & REGISTRATION APPLICATION

CHECK ONE: NEW SIGN OR RENEWAL | IF RENEWAL EXISTING TAG # _____

(PLEASE PRINT)

Today's Date: _____	NEW SIGN
Name of Property Owner: _____	Fee Paid: _____
Property Owner Address: _____	Receipt #: _____
City, State & Zip: _____	Permit #: _____
Telephone: _____	Date Issued: _____
Person Completing Application: _____	Tag #: _____
Relationship to Owner: _____	Inspector: _____

Name of Business Owner: _____	BILLBOARD RENEWAL
Business Owner Address: _____	Fee Paid: _____
City, State & Zip: _____	Receipt #: _____
Telephone: _____	Date Paid: _____
Fax: _____	

Contractor Name: _____	BILLBOARD NOTICE:
Address: _____	An annual registration fee of
City, State & Zip: _____	\$100.00 is due January 1 st of
<i>Mail Invoice to:</i> _____	each year for each sign/outdoor
_____	billboard structure

Address of location of sign: _____

Type of business: _____

Cost of improvements: _____

Is there a proposed structure: _____

List existing structures: _____

TYPE OF SIGN:	PROPERTY IDENTIFICATION NUMBER - P.I.N.:
<input type="checkbox"/> Residential	_____
<input type="checkbox"/> Commercial	_____
<input type="checkbox"/> Industrial	GENERAL LOCATION:
<input type="checkbox"/> Agricultural	_____
<input type="checkbox"/> Billboard	_____
<input type="checkbox"/> Freestanding pole	_____
<input type="checkbox"/> Ground	_____
<input type="checkbox"/> Monument	LEGAL DESCRIPTION:
<input type="checkbox"/> Fascia	_____
<input type="checkbox"/> Wall	_____
<input type="checkbox"/> Canopy	_____
<input type="checkbox"/> Awning	_____
<input type="checkbox"/> Portable	_____
<input type="checkbox"/> Other: _____	_____
<input type="checkbox"/> Permanent	_____
<input type="checkbox"/> Temporary	_____
<input type="checkbox"/> Exempt	_____

If Temporary date of Display: _____

Is it illuminated: Yes or No Electrical Permit: Yes or No # of Visible Faces: _____

Height: _____ Size: _____ Dimension: _____

IF OUTDOOR BILLBOARD:

NEAREST LOCATION OF EXISTING SIGNS IN AREA: NORTH: _____ SOUTH: _____ EAST: _____ WEST: _____

NEAREST LOCATION OF RESIDENTIAL ZONING: _____

MUNICIPALITIES WITHIN 1.5 MILES OF SIGN: _____

ATTACH THE FOLLOWING ITEMS IF APPLICABLE:

Plot Plan/Plat of Survey: _____ Advertising Copy: _____ Lease: _____

State Permit: _____ State Permit Number: _____

If proposed building or use violates the Zoning Ordinance of Will County, the entire application will be returned to the applicant for further action to bring proposed building into compliance with ordinance requirements.

I have read Sign Section 13 of the Will County Zoning Ordinance and will comply with all provisions.

I will inform the Will County Land Use Department of any Company name change and address change

(Signature/Position of Applicant) Date

OFFICE USE ONLY P.I.N. #: _____

Township: _____ Zoning: _____ Page #: _____ Date: _____

ZONING CHECKS	YES	N/A	Y	BY	REMARKS:
PIN#	_____	_____	_____	_____	_____
Zoning Classification	_____	_____	_____	_____	_____
				Approved by:	_____
ENGINEERING CHECK					
Floodplain verification	_____	_____	_____	Approved by:	_____