

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 _____