



Community Development & Fire Department  
100 Carrington Drive, West Dundee, IL 60118  
Phone 847-551-3806 Fax 847-551-3814

## APPLICATION FOR SIGN PERMIT

Date: \_\_\_\_\_

Address of Proposed Sign: \_\_\_\_\_

Business Name: \_\_\_\_\_

Owner / Manager Name & Address \_\_\_\_\_ Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

Owner of Property: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner's Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Contractors Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Fax: \_\_\_\_\_

Plat of survey attached indicating location of sign: *Yes* *No* Zoning Classification: \_\_\_\_\_

Front Façade Wall Area \_\_\_\_\_ Height From Grade \_\_\_\_\_

**NOTE:** A to scale, color drawing is required for all **wall** signage to determine compliance.

**✓ CHECK ALL BOXES BELOW THAT APPLY**

- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> Freestanding    | <input type="checkbox"/> Electric     | <input type="checkbox"/> Illuminated     |
| <input type="checkbox"/> Wall            | <input type="checkbox"/> Non-Electric | <input type="checkbox"/> Non-Illuminated |
| <input type="checkbox"/> Canopy / Awning | <input type="checkbox"/> Double Faced | <input type="checkbox"/> Temporary       |

Cost Of Sign: \$ \_\_\_\_\_

Sign Dimensions: \_\_\_\_\_ X \_\_\_\_\_ = \_\_\_\_\_ sq. ft.

Approved \_\_\_\_\_

Not Approved \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE