



COMMUNITY AND ECONOMIC DEVELOPMENT
 1420 Miner Street, Des Plaines, IL 60016
 P: 847.391.5380 F: 847.391.5371

APPLICATION FOR SIGN PERMIT

Permit # _____

The applicant hereby certifies to the correctness of the information provided and agrees to perform the work described in compliance with all provisions of the Zoning Ordinance and the Building Regulations of the City of Des Plaines

Describe Work to be performed: _____

Address of Work Site: _____

For _____ Property Owner Owner Phone # _____

Lessee _____ Lessee Phone# _____

			Sign Designer	Company Name _____ Phone _____ Address _____ Email _____
			Electrician	Name _____ Phone _____ Address _____ Email _____
			Sign Installer	Name _____ Phone _____ Address _____ Email _____

TYPE OF SIGN

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> POLE | <input type="checkbox"/> MONUMENT | <input type="checkbox"/> WALL |
| <input type="checkbox"/> ILLUMINATED | <input type="checkbox"/> SINGLE FACED | <input type="checkbox"/> DOUBLE FACED |
| <input type="checkbox"/> RE-FACE | <input type="checkbox"/> ELECTRONIC MESSAGE BOARD | <input type="checkbox"/> AWNING |
| <input type="checkbox"/> TEMPORARY/BANNER | <input type="checkbox"/> DATE LAST TEMPORARY SIGN _____ | |

Please Note: New Awnings and Billboards May Also Require a Building Permit

BUILDING FRONTAGE _____ LOT FRONTAGE _____

DESCRIPTION OF SIGN (ATTACH 3 COPIES OF DETAILED DIAGRAM)

DIMENSIONS OF SIGN: _____ HEIGHT ABOVE GROUND: _____

MATERIAL(S): _____ TOTAL SQUARE FEET: _____

DESCRIPTION AND SQUARE FOOTAGE OF EXISTING SIGNS: _____

TEMPORARY SIGN TIME LIMIT FROM (Maximum 30 Days): _____ TO: _____

To be completed by owner or owner's agent

Print Name _____
 Address _____
 Phone _____ Cell _____
 Email _____
 Signed _____
 Date _____

Refundable Bond \$ _____
 Permit Fee \$ _____
 Approved this _____ Day of _____ 20 _____

 Code Official

Please call for all inspections 847.391.5382
 Email Signed Permit Applications to permits@desplaines.org