

Wall Sign Permit Application

Do not mark in box ~ For office use only



Office of the Zoning Administrator
102 North Neil Street , Champaign, Illinois 61820
Phone 217 / 403-8800 Fax 217 / 403-8810

Fee: \$

Zone	Permit#	(address)
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General Information

Address: _____ Sign Erector: _____

Business Name: _____ Sign Manufacturer: _____

Sign & Wall Dimensions

Sign Height: _____ Sign Length: _____ Sign Area: _____

Wall Height: _____ Wall Length: _____ Wall Area: _____

Sign will be placed on which wall ? N W S E (Maximum projection from wall 18")

Describe any other signs on this business/building:

Please attach a sketch of the sign, the area in which the sign is to be placed, and an indication of its placement. If the sign is an irregular shape (other than a rectangle), please include a scaled or dimensioned drawing and all area calculations. You may attach blueprints or like materials in lieu of a sketch.

**Signs may not flash nor
may they have any
visible moving
components**

I certify that the above information is true and correct to the best of my knowledge. I understand that if the information contained on this application is false the permit is void.

Signature of applicant