

PERMIT APPLICATION

Freestanding Sign



Office of the Zoning Administrator
 102 N. Neil Street, Champaign, Illinois 61820
 p. 217.403.8800 f. 217.403.8810
 email: zoning@ci.champaign.il.us

| | | | |
|-----------------------|---------------------|-------------|---------------------|
| SITE LOCATION | ADDRESS _____ | | BUSINESS NAME _____ |
| | _____ | | |
| PROPERTY OWNER | NAME _____ | PHONE _____ | EMAIL _____ |
| | ADDRESS _____ | CITY _____ | STATE _____ |
| SIGN COMPANY | BUSINESS NAME _____ | | PHONE _____ |
| | ADDRESS _____ | | CITY _____ |
| APPLICANT | NAME/BUSINESS _____ | | PHONE _____ |
| | ADDRESS _____ | | CITY _____ |

| SIGN INFORMATION | |
|----------------------------------|--|
| Face Height _____ | Construction Materials _____ |
| Face Width _____ | |
| Sign Area _____ | Description _____ |
| Sign Height _____ | |
| Lot Area _____ | |
| Setback from Property Line _____ | <input type="checkbox"/> No Lighting <input type="checkbox"/> External Lighting <input type="checkbox"/> Internal Lighting |
| Zoning District _____ | <input type="checkbox"/> Temporary Sign? Dates _____ |

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.

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

 Date