

PERMIT APPLICATION

Projecting 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 _____
Distance Projecting from Building _____	
Distance from Nearest Projecting Sign _____	
Clearance Distance from Sidewalk _____	<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