



CITY OF ELMHURST

209 North York Street
Elmhurst, IL 60126
630-530-3000

www.elmhurst.org

Community Development Department: 630-530-3030
Fax: 630-530-3127

SIGN PERMIT APPLICATION

Date _____ Permit # _____ Zoning District _____

Address _____ Phone _____

Building Owner _____ Address _____ Phone _____

Tenant _____ Address _____ Phone _____

Contractor _____ Address _____ Phone _____

Electrician _____ Address _____ Phone _____

SIGN DATA: Please "X" the appropriate descriptions:

- a) _____ ground sign
- b) _____ pylon sign
- c) _____ wall sign
- d) _____ window sign
- e) _____ externally illuminated
- f) _____ internally illuminated
- g) _____ non-illuminated
- h) _____ sidewalk signs

LOCATION

- a) _____ north wall
- b) _____ south wall
- c) _____ west wall
- d) _____ east wall
- e) _____ other

Please provide the following information:

- a) Two copies of Sign Drawings
 - b) Sign area (in square feet) _____
 - c) Sign dimensions _____
 - d) Building frontage width _____
 - e) Lot frontage _____
 - f) Distance from grade to top of sign _____
 - g) Distance from grade to bottom of sign _____
 - h) Material of sign _____
- Approximate job cost: _____

Total area of existing/proposed signs to be located on property: _____

NOTE: DO NOT START WORK UNTIL APPLICATION IS APPROVED AND PERMITS ARE ISSUED

The applicant hereby certifies to the correctness and knowledge of above:

SIGNATURE OF APPLICANT: _____

PRINT APPLICANT NAME: _____ PHONE #: _____

Permit Fee _____ Approval _____ Date _____

(Planning & Zoning Administrator)