

SIGN PERMIT APPLICATION FORM

Julie Dig Number: _____

**Inspection Date: _____

Permit Issued (Office Use Only): _____

ALL FEES ARE NON-REFUNDABLE

CITY OF WEST PEORIA

2506 West Rohmann Avenue

West Peoria, Illinois 61604

Phone: (309) 674-1993 / Facsimile: (309) 674-6010

This application will not be accepted unless all required information is completed.

PROJECT LOCATION:

Address: _____

Tax Identification: _____

00-00-000-000

Own

Lease

If Applicant leases the location, owner must authorize this application.

APPLICANT'S NAME

Full Name(s): _____

Phone Number: _____

Application Date: _____

OWNER'S NAME

Full Name(s): _____

Address: _____

Phone Number: _____

Other Phone: _____

Application Date: _____

GENERAL CONTRACTOR NAME

1. Full Name(s): _____

Address: _____

Phone Number: _____

Other Phone: _____

Facsimile: _____

2. Full Name(s): _____

Address: _____

Phone Number: _____

Other Phone: _____

Facsimile: _____

I PROPOSE TO ERECT:

Replace or add the following sign(s) at:

Specify: _____

Type of signage: Billboard Ground Projecting Pole Roof Wall

Specify _____

Electrical: Yes No Lighting: Internal External

Type of Material of Sign: _____

Notation on Sign: _____

**Number of Sign(s): _____ Present zoning of Property: _____

Estimated starting date: _____

Property Lot Size: _____ ft by _____ ft

Size of Primary Structure: _____ ft by _____ ft

Size of Accessory Structure #1: _____ ft by _____ ft

Size of Accessory Structure #2: _____ ft by _____ ft

Submit the following items with this application:

1. A plat of the property, if applicable.
2. A site plan of the property.
3. The legal description.
4. The appropriate fee.

Note: Upon approval of permit:” JULIE” must be notified before any work can be done at 1-800-892-0123

All permits expire Six (6) months from date/time permit is issued.

Note: Other permits may be required after first inspection.

****You must call West Peoria Zoning Department for final inspection date.**

I, undersign, hereby request the City Council of West Peoria grant a permit as provided by the Zoning Ordinance for the City of West Peoria, Illinois, as amended to date.

Owner: _____ Printed name: _____
Signature Date

Applicant: _____ Printed name: _____
Signature Date

FOR OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE:

Received by: _____ Date: _____

Fee Collected: _____ Final Inspection Date _____

Inspector #1: _____ Title: _____
Signature Date Position

Inspector #2: _____ Title: _____
Signature Date Position

Zoning Department: _____
Signature Date

PERMIT APPROVED: Yes No

PERMIT NUMBER: _____

Site Plan of property:
(Below)