



**SIGN PERMIT APPLICATION
CITY OF URBANA
DEPT. OF COMMUNITY DEVELOPMENT SERVICES
BUILDING SAFETY DIVISION
400 S. VINE ST. URBANA IL 61801
(217) 384-2443 FAX (217) 384-0200**

APPLICANT:

Company Name: _____

Contact Person: _____

Address: _____ Phone: _____

City/State/Zip: _____

PROPERTY INFORMATION:

Project Address: _____ Suite #: _____

Owner of Business: _____

Type of Business: _____

Owner of Land/Property* _____ Phone _____

Owner's Address: _____

**Owner Must Sign Page 2*

SIGN INFORMATION

- | | | | | |
|----|---------------|----------|------------|-----------------|
| 1. | Erect/Install | Relocate | Alter | Other |
| 2. | Freestanding | Wall* | Projecting | Shopping Center |
| | OASS | Roof | Canopy | Other |

* If Wall sign: Wall Height _____ Wall Length _____

3. SIGN: Height _____ (x) Length _____ (=) Area _____ sq.ft.

4. Single-faced Double-faced Multi-faced #: _____

5. Message on Sign: _____

6. Electrical No Yes (City Licensed Electrician Required)
 Name of Electrician _____

7. Estimated Cost \$_____ Completion Date_____

8. Existing Signs Currently on Premises, list type and sizes of all signs, attach additional sheets if necessary. (Show on plot plan.) _____

*******BE SURE YOU HAVE SUBMITTED PLANS SHOWING*******

- Dimensions and height of the sign
- Message on the sign
- A plot plan with the location of the sign on it
- Methods and materials of construction
- Electrical equipment and lighting
- Size and location of ALL existing signs on the property.
- Size of wall where sign(s) will be located.

SIGNATURES

The **property owner** gives his/her consent to the applicant to complete all work according to the approved plans and in conformance with City regulations and **both** certify that the above information is true and correct.

 Print Applicant Name

 Print Property Owner Name

 Applicant Signature

 Property Owner Signature

 Date

 Date

FOR OFFICE USE ONLY

Permit Fee _____ Permit # _____ Reviewed By: BSD: _____ Planning _____

PI# _____ Date Issued _____