



VILLAGE OF ALGONQUIN
COMMUNITY DEVELOPMENT
 2200 Harnish Drive – Algonquin, IL 60102
 PHONE 847-658-2700 x 1003 / FAX 847-658-2631
 EMAIL PERMITS@ALGONQUIN.ORG
SIGN PERMIT APPLICATION
 PERMIT NUMBER _____

Address of Sign Location: _____
 Name of Applicant: _____ Phone: _____
 Applicant Address: _____

PROPERTY OWNER'S SIGNATURE OF PERMISSION: _____

Primary Type of Work: Install New Sign Repair Existing Sign Relocate Existing Sign
 TYPE OF SIGN: _____ Single Face Double Face

Dimensions: Height _____ Width _____ Square footage per face _____

Estimated Cost: \$ _____ Non-Illuminated _____ Type of Illumination _____

Attach a plat of survey indicating the proposed sign location, showing the distance from lot lines and distance from all other signs and structures. In the area below, indicate sign copy, including colors, and sign material. Also attach a drawing indicating sign height from grade, landscape plans, method of securing the sign, and electrical wiring service.

The undersigned certifies that the statements in this application are true and correct and that all work done under the proposed permit will conform to the requirements of the Village of Algonquin Sign Ordinance and all other Village Ordinances.

Sign Erector: _____ Phone No: _____

Address: _____

No error or omission in either plans or application, whether said plans or application has been approved by the Community Development or not, shall permit or relieve the applicant from constructing the work in any other manner than that provided for in all the ordinances of the Village of Algonquin relating thereto. The applicant having prepared and read this application and fully understanding the intent thereof declares that the statements made are true to the best of his ability, knowledge and belief. Construction of sign must be completed within 90 days following the permit issue date, otherwise permit shall become null and void. No refund of permit fees shall be issued.

Signature of Sign Owner or Authorized Agent: _____ Date: _____

Inspections are required for every permit. Call 847-658-2700 x 1003 24-Hours Prior to Inspection.

 FOR OFFICE USE

Application Authorized By: _____ Date: _____

SIGN FEE: \$ _____ ELECTRIC FEE: \$ _____ TOTAL PERMIT FEE: \$ _____

TEMPORARY PERMIT EXPIRES ON _____