



Sangamon County Building & Zoning
SIGN APPLICATION
 Room 213, 200 S. Ninth Street, Springfield, IL 62701
 (217) 753-6760 or (FAX) 535-3194 zoning@co.sangamon.il.us

FOR OFFICE USE ONLY	
PERMIT#:	_____
PARCEL#:	_____
ZONING:	_____

OWNER INFORMATION

Owner Name: _____
 Owner Address/Zip: _____
 Phone#: _____
 Email: _____

CONTRACTOR INFORMATION

Owner Name: _____
 Owner Address/Zip: _____
 Phone#: _____
 Email: _____

SIGN INFORMATION

1. Will existing signs be removed? Yes No
 If yes, please explain: _____
2. Is the proposed sign location in/on state highway, easement or right-of-way? If yes, please explain: _____

3. Is the sign on a corner lot? Yes No
4. Is the sign in direct line with a traffic control signal? Yes No
5. Is there advertising on one side? _____ Both sides? _____
6. Do lights beam on to any residential structure/s or into a residential district? Yes No

Below, please choose all that apply:

- | | | | |
|---------------------------------------|--------------------------------------|--|---|
| <input type="checkbox"/> New | <input type="checkbox"/> Single Face | <input type="checkbox"/> Double Face | <input type="checkbox"/> Facial (Painted/Affixed) |
| <input type="checkbox"/> Wall | <input type="checkbox"/> Illuminated | <input type="checkbox"/> Awning/Canopy | <input type="checkbox"/> Advertising |
| <input type="checkbox"/> Freestanding | <input type="checkbox"/> Other _____ | | |

For Illuminated signs:

Described the number of lights, type, placement, wattage and shielding mechanism.

Will the sign have flashing lights? Yes No

Dimensions of new sign/s: Width _____ Height _____ Area _____

For wall, awning/canopy or marquee signs:

Description of sign

Dimensions of new sign/s: Width _____ Height _____ Area _____

Please include a sketch of where the sign will be in relation to the building and all property lines.

No signs may be erected until the County has approved and a sign permit has been issued. It is advisable not to order your sign until all approvals are obtained.

I certify that I am the owner or representative of the property which is the subject of this application, I hereby consent to the making of this application and the approval of the plans submitted herewith. I further consent to the inspection of this property in connection with this application as deemed necessary by the County agency. As the property owner or representative I assume the responsibility of locating any property lines, setback lines, easements, right of way, flood areas, etc., any construction within these areas may result in removal at the owner's or representative's expense. A Zoning Permit is valid for a period of six (6) months from date of approval and construction must commence and be worked on diligently thereafter or this permit may be canceled upon notification by the Zoning Administrator unless a written request is submitted to the Zoning Department within fourteen (14) days prior to expiration.

Applicant Signature _____ Applicant Printed Name _____ Date _____

Applicant is: Building/property owner General Contractor Representative Tenant
 Other _____

If not the property owner, an affidavit is required with parties signatures (owner/s and contractor) stating aware that a building permit is being applied for.

OFFICE USE ONLY

Commercial: \$100.00 per sign

PERMIT FEE:	
PENALTY FEE:	
TOTAL FEE:	