

PERMIT # \_\_\_\_\_



City of Wood Dale Building Dept.  
Phone (630) 766-5133  
Fax (630) 787-3758

### SIGN PERMIT APPLICATION

Business Name \_\_\_\_\_ Business Address \_\_\_\_\_

Business Owner \_\_\_\_\_ Home Address \_\_\_\_\_ City \_\_\_\_\_

Contact Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Sign Contractor \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_

Building Dimensions \_\_\_\_\_ x \_\_\_\_\_ Building Height \_\_\_\_\_

Type of Sign \_\_\_\_\_ Type of Material \_\_\_\_\_

New Sign \_\_\_\_\_ x \_\_\_\_\_ Height \_\_\_\_\_ Total Sq.Ft. \_\_\_\_\_ Number of Faces \_\_\_\_\_

Illuminated \_\_\_\_\_ Non-Illuminated \_\_\_\_\_

#### ALL EXISTING SIGNS MUST BE LISTED

##### Existing Ground Supported Signs:

Exist. Sign Dimensions _____ x _____ Height _____ Number of Faces _____ = _____ Sq. Ft.
Exist. Sign Dimensions _____ x _____ Height _____ Number of Faces _____ = _____ Sq. Ft.

##### Existing Building Supported Signs:

Exist. Sign Dimensions _____ x _____ Height _____ Number of Faces _____ = _____ Sq. Ft.
Exist. Sign Dimensions _____ x _____ Height _____ Number of Faces _____ = _____ Sq. Ft.

#### **SIGNATURES & DATE SIGNED**

APPLICANT \_\_\_\_\_ BUSINESS OWNER \_\_\_\_\_ Date \_\_\_\_\_

AGENT FOR OWNER \_\_\_\_\_ PROPERTY OWNER \_\_\_\_\_ Date \_\_\_\_\_

The applicant hereby certifies to the correctness of the above and agrees to comply with all provisions of the Building, Zoning, Fire Prevention, Sign and Subdivision Ordinances of The City of Wood Dale.

**Please include 2 copies of sign drawings and 2 copies of Plat of Survey with location of signage.**

APPROVED _____ Building Dept. Authorization
DATE _____

SIGN FEE _____
ELECTRIC _____
TOTAL FEE _____