

Permit # _____

SIGNS



Building & Code Enforcement Division
200 S Fourth Street - DeKalb, IL 60115
Phone: (815) 748-2070

Call Julie at 1-800-892-0123 (operates 24 hours a day, 365 days a year)

SIGN PERMIT APPLICATION

LOCATION OF INSTALLATION
Please provide the address → → →

REQUIREMENTS FOR ALL APPLICANTS

- ✓ Submit a site plan indicating the position of the proposed sign in relation to other structures.
- ✓ Submit drawings to scale of the sign.
For wall signs, submit a drawing indicating **width of the frontage** of the space where sign will be placed.
- ✓ Schedule all applicable inspections, footing, electrical, and final.
- ✓ The owner of the sign and the undersigned agree to conform and abide by all applicable codes and ordinances of the City of DeKalb.

SIGN TYPE

<input type="checkbox"/>	MONUMENT SIGN
<input type="checkbox"/>	WALL SIGN
<input type="checkbox"/>	DIRECTIONAL SIGN
<input type="checkbox"/>	AWNING
<input type="checkbox"/>	FACE CHANGE ONLY

SIGN DIMENSIONS

<input type="checkbox"/>	X
<input type="checkbox"/>	X
<input type="checkbox"/>	X
<input type="checkbox"/>	X
<input type="checkbox"/>	X

ILLUMINATED SIGN?

YES*	<input type="checkbox"/>	<input type="checkbox"/>	NO
YES*	<input type="checkbox"/>	<input type="checkbox"/>	NO
YES*	<input type="checkbox"/>	<input type="checkbox"/>	NO

** If sign is illuminated, an electrician registered in DeKalb must be listed below.*

SITE INFORMATION

If Property Owner is the applicant, check here →

APPLICANT/BUSINESS NAME: _____

BUSINESS ADDRESS: _____

PHONE: _____ Email address: _____

SIGN CONTRACTOR INFORMATION

If Sign Contractor is the applicant, check here →

NAME: _____

ADDRESS: _____

PHONE: _____ Email address: _____

* ELECTRICAL CONTRACTOR INFO (for illuminated signs)

If Electrical Contractor is the applicant, check here →

NAME: _____

ADDRESS: _____

PHONE: _____ Email address: _____

APPLICANT SIGNATURE: _____ **DATE:** _____

Permit Fees: \$60 each Permanent Sign • Electrical Additional • Fee Determined upon Review

CITY OF DEKALB USE ONLY

APPROVED BY: _____

DATE: _____ FEE: _____