



25 East State Street, North Aurora, IL 60542  
P: 630.897.1457 F: 630.897.0269  
www.northaurora.org

## APPLICATION FOR SIGN PERMIT

Date: \_\_\_\_\_

SIGN TYPE (CHECK ONE)

**Permanent** \_\_\_\_\_ **Temporary** \_\_\_\_\_

Class 3 \_\_\_ **(LIMIT 30 DAYS)** CLASS 4 \_\_\_ **(LIMIT 30 DAYS)** Class 5 \_\_\_ **(LIMIT 180 DAYS)**

Class 7 \_\_\_ **(DUSK TO DAWN)** Class 8 \_\_\_ **(LIMIT 30 DAYS)**

**PROPOSED USE OF BUILDING (IF CHANGING)** \_\_\_\_\_

**PLEASE VERIFY ZONING**

Contractor/Applicant: \_\_\_\_\_ Phone No: \_\_\_\_\_

(If other than owner)

Contractor's address: \_\_\_\_\_ E-mail: \_\_\_\_\_

\_\_\_\_\_

Job Address: \_\_\_\_\_

Sign Sq. Ft. \_\_\_\_\_ Building dimensions: \_\_\_\_\_

(or Tenant space)

Property Owner: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Project Cost:** \_\_\_\_\_

I hereby certify that: I am the owner of the property or authorized by the property owner to make application for a sign permit and agree to pay all fees associated with this permit application.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### **DRAWINGS WILL NOT BE ACCEPTED ON BACK OF APPLICATION**

**(Application will not be accepted until the following information is provided)**

#### **CHECKLIST**

- Site plan showing location of **ALL** signs & setbacks on the property (if applicable).
- Sign plan showing dimensions of the sign, height of sign, and proposed location of the sign.
- Schematics showing layout and electrical info on sign as well as the specific language and materials used (separate sheets must be provided)
- Building plan (wall sign) showing location of sign and width of building or tenant space as applicable.



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**FOR OFFICE USE**

Approved: \_\_\_\_\_ Fee: \_\_\_\_\_ Date: \_\_\_\_\_ Annual Permit # \_\_\_\_\_