

VILLAGE OF BENSENVILLE

Department of Community and Economic Development
12 S. Center St. Bensenville, IL 60106
Phone: 630.350.3413

SIGN PERMIT APPLICATION

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

Application Number

SITE ADDRESS UNIT No. P.I.N. ZONING DISTRICT

BUSINESS / TENANT NAME TOTAL ESTIMATED COST

CONTRACTOR INFORMATION

SIGN INSTALLER: ADDRESS: CITY, STATE & ZIP: PHONE: E-MAIL: LICENSED ELECTRICAL CONTRACTOR: ADDRESS: CITY, STATE & ZIP: PHONE: E-MAIL:

OWNER AND APPLICANT INFORMATION

No error or omission in either the plans or application in having the work completed in any other manner than that it is compliance with the approved plans and the applicable codes and ordinances of the Village of Bensenville and the State of Illinois.

Applicant's Name (Print) Applicant's Signature Date Address City, State & ZIP Day Time Phone

Applicant's Email Address Correspondence and escrow refunds can only be completed if the address of the applicant is kept current, which is applicant's responsibility.

Property Owner's Name (Print) Property Owner's Signature Date Address City, State & ZIP Day Time Phone

SIGN INFORMATION

DOES PROPERTY HAVE A MASTER SIGN PLAN: TYPE OF SIGN (Check all that apply): ILLUMINATED SIGNS: VOLTAGE AMPERAGE ELECTRICAL CIRCUITS NUMBER OF TRANSFORMERS ESTIMATED SIGN COST SITE INFORMATION: LOT FRONTAGE TENANT FRONTAGE HEIGHT FROM GRADE SIGN LENGTH TOTAL SIGN SQUARE FOOTAGE

OFFICE USE ONLY

Milestone Dates: Fees: ESCROW APPLICATION SQUARE FOOTAGE INSPECTIONS OTHER FEES DUE TOTAL FEES DUE PAID BY:

COMPLETE INFORMATION FOR ADDITIONAL SIGNS ON THE REVERSE SIDE

SIGN #2

TYPE OF SIGN (Check all that apply):

- WALL MOUNTED FREESTANDING
- MENU BOARD TEMPORARY OTHER _____

ILLUMINATED SIGNS:

_____ VOLTAGE
 _____ AMPERAGE
 _____ ELECTRICAL CIRCUITS
 _____ NUMBER OF TRANSFORMERS
 _____ ESTIMATED SIGN COST

SITE INFORMATION:

ALL FIELDS REQUIRED

LOT FRONTAGE (IN LINEAR FEET) _____
 TENANT FRONTAGE (IN LINEAR FEET) _____
 HEIGHT FROM GRADE _____
 SIGN LENGTH _____ HEIGHT _____
 TOTAL SIGN SQUARE FOOTAGE _____

OFFICE USE ONLY

Milestone Dates:

Fees:

_____ Applied
 _____ Approved

APPLICATION \$ _____
 SQUARE FOOTAGE \$ _____
 INSPECTIONS (__ X \$45) \$ _____
 OTHER \$ _____
 FEES DUE \$ _____

APPROVED BY: _____

SIGN #3

TYPE OF SIGN (Check all that apply):

- WALL MOUNTED FREESTANDING
- MENU BOARD TEMPORARY OTHER _____

ILLUMINATED SIGNS:

_____ VOLTAGE
 _____ AMPERAGE
 _____ ELECTRICAL CIRCUITS
 _____ NUMBER OF TRANSFORMERS
 _____ ESTIMATED SIGN COST

SITE INFORMATION:

ALL FIELDS REQUIRED

LOT FRONTAGE (IN LINEAR FEET) _____
 TENANT FRONTAGE (IN LINEAR FEET) _____
 HEIGHT FROM GRADE _____
 SIGN LENGTH _____ HEIGHT _____
 TOTAL SIGN SQUARE FOOTAGE _____

OFFICE USE ONLY

Milestone Dates:

Fees:

_____ Applied
 _____ Approved

APPLICATION \$ _____
 SQUARE FOOTAGE \$ _____
 INSPECTIONS (__ X \$45) \$ _____
 OTHER \$ _____
 FEES DUE \$ _____

APPROVED BY: _____

SIGN #4

TYPE OF SIGN (Check all that apply):

- WALL MOUNTED FREESTANDING
- MENU BOARD TEMPORARY OTHER _____

ILLUMINATED SIGNS:

_____ VOLTAGE
 _____ AMPERAGE
 _____ ELECTRICAL CIRCUITS
 _____ NUMBER OF TRANSFORMERS
 _____ ESTIMATED SIGN COST

SITE INFORMATION:

ALL FIELDS REQUIRED

LOT FRONTAGE (IN LINEAR FEET) _____
 TENANT FRONTAGE (IN LINEAR FEET) _____
 HEIGHT FROM GRADE _____
 SIGN LENGTH _____ HEIGHT _____
 TOTAL SIGN SQUARE FOOTAGE _____

OFFICE USE ONLY

Milestone Dates:

Fees:

_____ Applied
 _____ Approved

APPLICATION \$ _____
 SQUARE FOOTAGE \$ _____
 INSPECTIONS (__ X \$45) \$ _____
 OTHER \$ _____
 FEES DUE \$ _____

APPROVED BY: _____