

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. All work shall be completed, inspected and approved as required and no occupancy or use of the space shall be permitted until approved in writing by the Department of Community and Economic Development. The applicant shall be responsible for all fees associated with the instant permit, including but limited to cancellation fees, plan review fees, and re-inspection fees. Understanding the preceding statements, I hereby agree to comply and declare that to the best of my knowledge and belief the information provided is true and accurate.

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. I hereby authorize the above listed applicant to complete the provisions of the applicable code and ordinances of this permit.

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: YES NO

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 _____

COMPLETE INFORMATION FOR ADDITIONAL SIGNS ON THE REVERSE SIDE

OFFICE USE ONLY

Milestone Dates: _____ Fees: _____
_____ Applied ESCROW \$ _____
_____ Approved APPLICATION \$ _____
_____ Issued SQUARE FOOTAGE \$ _____
_____ Expires INSPECTIONS (___ X \$45) \$ _____
OTHER \$ _____

APPROVED BY: _____ TOTAL FEES DUE \$ _____

PAID BY: _____

SIGN INFORMATION

TYPE OF SIGN (Check all that apply):

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 MENU BOARD TEMPORARY OTHER _____

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