



Village of Elk Grove Village

901 Wellington Ave, Elk Grove Village, IL 60007
Phone: 847-357-4220 Fax: 847-357-4222

Permit No. _____

APPLICATION FOR SIGN PERMIT

I, the undersigned hereby apply for a permit to do sign work described herein and to conform with all regulations of said ordinances of Elk Grove Village

Job Address: _____ Parcel/ PIN # _____

Owner Name: _____ Owner Phone: _____

Owner Address: _____ City: _____ State: _____ Zip: _____

Owner Email: _____

Contractor Name: _____

Contractor Address: _____ City: _____ State: _____ Zip: _____

Contractor Phone: _____ Email: _____

Applicant Name: _____

<input type="checkbox"/> Monument Sign	<input type="checkbox"/> Real Estate Sign	<input type="checkbox"/> Temporary Sign-Banner or Pennants
<input type="checkbox"/> Free Standing Sign	<input type="checkbox"/> Billboard	<input type="checkbox"/> Illuminated Sign-Reface Only
<input type="checkbox"/> Wall Sign	<input type="checkbox"/> Projecting Sign	<input type="checkbox"/> Illuminated Sign-Electric Application Required
<input type="checkbox"/> Identification Sign	<input type="checkbox"/> Canopy or Marquee	<input type="checkbox"/> Non Illuminated Sign

<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial
Horizontal Dimension _____	Vertical Dimension _____	Total Area in Sq. Ft. _____

REQUIREMENTS LISTED BELOW MUST ACCOMPANY APPLICATION.

Owner's Letter Plat of Survey Value of Sign \$ _____

Comments _____

Signature _____
(Signature of Owner or Agent)

Print Name _____

Address _____

City _____ State _____ Zip _____

Phone # _____ Email _____

Preferred method of contact: Phone Email

