



# 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
<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

