CITY OF OLNEY
300 S. WHITTLE AVE. - OLNEY, IL 62450
618-395-7302 / FAX 618-395-7304

APPLICATION FOR SIGN INSTALLATION

DATE: _____

PROPERTY DESCRIPTION:

Lot No. _____ Subdivision: _____

Street Address: _____

Name of Business: _____

CONTRACTOR:

Name: _____

PROPERTY OWNER: _____

SIGN DESCRIPTION

TYPE OF SIGN: Wall ☐ Projecting ☐ Ground ☐ Roof ☐ Weight: _____

DIMENSIONS: Horizontal _____ Ft. Vertical _____ ft. Thickness _____ in./ft.

ELECTRICAL: Neon ☐ Incandescent or Fluorescent ☐ Reflector or Spot ☐

MATERIAL: Metal ☐ Wood Frame ☐ Plastic ☐ Other ☐

HEIGHT ABOVE GROUND TO TOP OF SIGN:

If Projecting _____ ft. Roof _____ ft. Ground Sign _____ ft. Wall _____ ft.

EXTENSION OVER PUBLIC PROPERTY: ☐ PRIVATE PROPERTY: ☐

If Projecting _____ ft. Roof _____ ft. Ground Sign _____ ft.

SETBACK FROM PROPERTY LINE ALL SIDES: _____

SIDEWALK WIDTH: _____

ZONE: _____

NOTE: No projecting, ground wall, or roof signs may be supported in part or in whole by supports or stabilizers grounded on public property. All projecting signs shall meet National Code design criteria.

DESIGN

Provide in the space below, (Scale not required) the design of the sign proposed, indicating support, overhang if any, clearance above ground level and dimensions. If sign is attached to a wall section and overhangs, indicate the wall material and describe the cantilever support.

Sign Cost: _____ 1 or 2 Sides: _____ Total Sq. Footage: _____

I (We) the undersigned _____, hereby state that the
(Person, Firm or Corporation)
description and location of the proposed sign is true and correct as indicated by this application for permit.

_____
(Applicant)

_____
(Address & Phone # of Applicant)

New Sign
Existing sign location
Existing sign major alteration
Existing sign replacement of new material
Existing sign change name, owner or product
Temporary sign
New sign-off premises

_____
(Building Inspector)

APPLICATION APPROVAL: (Date) _____ PERMIT #: _____

FEE$ _____ RECEIPT #: _____ DATE PAID: _____