Sign Permit Application City Of Monmouth, Illinois

Phone: (309) 734-7590 Fax: (309) 734-4943

Name of applicant:						
Applicant address:			 			
Name of Property (Owner:					
Name of Business v	where sign is lo	ocated:				
Address of sign loc	ation:					
Contractor's name:						
Contractor's addres	is:					
Zoning District class	sification:					
Lot frontage:	Linear fe	et on	Str	eet/Avenue		
Type Of Sign (Checl	c all that apply	Char	c Animate ngeable Copy umic Display S	Sign		
Is the sign capable Yes Total square footag Size of proposed signs Structural aspects of	lo je of all existin Square feet L gn: Heig if sign: A	n g exterio ocation of e	r signs on s xisting signs: _ _ Width f Attac	ame premise Square Fe	s:	graphics?
Maximum height of			•	round		
Valuation: \$Other Pertinent Info	Electric:	Yes I	No In	direct lighting:		
Please attach graphic Note: Signs that advertise on the same parcel of land	any product, busin	ess, service, s	ales event or ot			
Applicant signatu	re:			Date:		
City Approval:	Yes No	City Of	ficial Signo	ature: Date:		

Please return completed application by post/person or email to:

Monmouth City Hall Attn: Zoning Department 100 East Broadway