



CITY OF MT. VERNON

City Hall

Mt. Vernon, Illinois 62864

618-242-5000

APPLICATION FOR SIGN INSTALLATION

DATE: _____

PROPERTY

DESCRIPTION: Lot No. _____ Subdivision _____
Street and No. _____
Name of Business _____

CONTRACTOR: Name _____

PROPERTY OWNER: _____

SIGN DESCRIPTION

TYPE OF SIGN: Wall Projecting Ground Roof Weight: _____

DIMENSIONS: Horizontal _____ ft. Vertical _____ ft. Thickness _____ Inches, 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.

I (We) the undersigned _____, hereby
(Person, Firm, Corporation)

state that the description and location of the proposed sign is true and correct as indicated by this application for permit.

(Applicant)

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: _____

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: _____)

FEE \$ _____

PERMIT NO: _____