

APPLICATION FOR SIGN PERMIT City of Mt. Vernon 1100 Main St. PO Box 1708 Mt. Vernon, IL. 62864 (618) 242-6830 COMPLETE ONE APPLICATION FOR EACH SIGN				Application Date:				
				Name of Business:				
				Street Address:				
				Property Owner:				
				Parcel Pin Number:				
Contractor:				Contact Phone:				
Freestanding Sign Type (check one)				Building Mounted Sign Type (check one)				
Pylon	Pole	Canopy	Monument	Wall	Roof	Awning	Fascia	Projecting
Will this be an OFF PREMISE sign?				If yes, see Article 21 Zoning Section 21-126.19				
Will sign contain a message center?				If yes, see Article 21 Zoning Section 21-125.3 & 21-126.14				
Area in square feet (both sides):				See Section 21-126.5 for information on area computation				
Estimated sign cost:			\$					
Attach specs, drawings, pictures, elevations, or graphics which include all dimensions, height and design. The person or firm applying for sign permit, hereby state that the description and location of the proposed sign is true and correct as indicated by this application and submitted documents.								
Name of Applicant: _____				Title: _____				
Type of Permit			Check One	Fee Amount			Total	
Existing Sign Relocation				\$50.00			\$	
Existing Sign Alteration				\$50.00 (plus \$0.25/sq.ft. for additional area)			\$	
Sign Without Message Center				\$50.00 plus \$0.25/sq.ft. of sign face area			\$	
Sign With Message Center				\$100.00 plus \$0.25/sq.ft. of sign face area			\$	
FOR OFFICIAL USE ONLY								
ZONING DISTRICT: _____								
APPROVAL DATE: _____								
ADMINISTRATOR					PERMIT NUMBER			