



SIGN PERMIT APPLICATION
CITY OF DECATUR ONE GARY K. ANDERSON PLAZA
DECATUR, IL 62523 (217) 424-2787

NAME OF BUSINESS: _____

ADDRESS WHERE SIGN IS LOCATED: _____

ZONING: _____

OWNER NAME: _____

ADDRESS: _____

INSTALLER: _____ TEL: _____

ADDRESS: _____

LICENSE NO.: _____ FAX: _____

DIRECTIONS: Depending on the types of signs to be installed, fill out the following sections. Sign and date on the bottom of Page 2, fill out Page 3 and provide all required attachments.

FREESTANDING SIGN

NUMBER OF EXISTING FREESTANDING SIGNS (TO REMAIN): _____ FRONTAGE _____ ft.
 (Note: on corner lots, the total of all street frontages should be included)

NUMBER OF NEW SIGN(S): _____

TOTAL AREA OF ALL FREESTANDING SIGNS (EXISTING & NEW): _____ sq ft.

NEW SIGN:

VALUATION: \$ _____ TOTAL HEIGHT: _____ ft.

DIMENSIONS OF SIGN PANEL: _____ (h) x _____ (w) TOTAL SQ FT. _____

SETBACK FROM PROPERTY LINES: _____ ft.

ILLUMINATION (check one): NONE INTERNAL EXTERNAL

If more than one freestanding sign is proposed, please attach an additional page

IF PROPERTY IS ADJACENT TO RESIDENTIAL DISTRICT, DISTANCE FROM SIGN(S) TO ALL RESIDENTIAL PROPERTY LINE(S): _____ ft.

WALL SIGN

NUMBER OF WALL SIGNS: _____ OCCUPANT FRONTAGE (FT): _____
(Note: Occupant frontage = width of building or tenant space)

DIMENSIONS OF SIGN PANEL(S): _____ (h) X _____ (w) TOTAL (SQ FT.) _____

IF PROPERTY IS ADJACENT TO RESIDENTIAL DISTRICT, DISTANCE FROM SIGN(S) TO ALL RESIDENTIAL PROPERTY LINE(S): _____ ft.

AREA OF FAÇADE OR WALL TO WHICH SIGN WILL BE ATTACHED: _____ sq ft.

VALUATION OF ALL WALL SIGNS: \$ _____

ILLUMINATION (check one): NONE INTERNAL EXTERNAL

OTHER SIGN TYPES

DIRECTIONAL SIGNS: NUMBER: _____ DIMENSIONS: _____ (h) x _____ (w)

DO SIGNS CONTAIN ADVERTISING/LOGOS? YES NO

AREA: _____ sq ft. VALUATION: \$ _____

HEIGHT: _____ ft.

PROJECTING YARD SIGNS: NUMBER _____ OCCUPANT FRONTAGE _____ ft.

AREA: _____ sq ft. VALUATION: \$ _____

ELECTRONIC MESSAGE UNIT: DIMENSIONS: _____ (h) x _____ (w)

IF PROPERTY IS ADJACENT TO RESIDENTIAL DISTRICT AND/OR RESIDENTIAL USE, DISTANCE FROM SIGN(S) TO ALL RESIDENTIAL PROPERTY LINE(S): _____ ft.

VALUATION: \$ _____

PORTABLE SIGNS: (only one permitted per lot) AREA: _____ sq ft.

HEIGHT: _____ ft. Number of days sign is to be erected (35 days max. per yr). _____

DATES OF DISPLAY: _____

OTHERS: TYPE: _____ VALUATION: \$ _____

AREA OF SIGN: _____ sq ft. TOTAL HEIGHT: _____ ft.

IF THE SIGN(S) TO BE INSTALLED REQUIRE ELECTRICAL WORK, YOU MUST PROVIDE A SIGNED ELECTRICAL CONTRACTOR SUBSHEET WITH AN ELECTRICIAN LICENSED IN DECATUR AS THE CONTRACTOR.

ELECTRICAL CONTRACTOR: _____

ADDRESS: _____ TEL: _____

APPLICANT SIGNATURE: _____ **DATE:** _____

DIRECTIONS: SHOW ALL EXISTING AND PROPOSED SIGNS AND BUILDINGS ON THE SITE PLAN BELOW, OR ATTACH A DETAILED SITE PLAN. INDICATE GENERAL LOCATION ON BUILDINGS FOR WALL SIGNS AND SHOW ALL SETBACKS OF FREESTANDING SIGNS. SEE EXAMPLE IN "SUMMARY OF SIGN REQUIREMENTS"

PROPOSED SITE LOCATION MAP



STREET NAME: _____

PROPERTY ADDRESS: _____

LOT DIMENSIONS: _____ (l) X _____ (w) CORNER LOT? YES NO

SIGN PERMIT GUIDELINES

ALL SIGN PERMITS SHALL INCLUDE THE ABOVE SITE PLAN (OR DETAILED PLAN ATTACHED). DIAGRAMS OR ELEVATION DRAWINGS WITH DIMENSIONS AND HEIGHT AS WELL AS FOOTING DESIGN FOR FREESTANDING SIGNS ARE REQUIRED. FOR SIGNS THAT ARE ALLOWED TO PROJECT OVER CITY RIGHT-OF-WAY, PROOF OF INSURANCE IS REQUIRED.

A FINAL INSPECTION IS REQUIRED FOR ALL SIGNS. IT IS THE RESPONSIBILITY OF THE PERMIT HOLDER TO CALL FOR FINAL INSPECTION. THE NUMBER IS 424-2787.

AN UNDERGROUND AND ELECTRICAL INSPECTION IS ALSO REQUIRED FOR ALL SIGNS REQUIRING ELECTRICAL WORK.

FEE: \$25.00 PER SIGN INSTALLED; \$25.00 ADDITIONAL PER EACH ELECTRICAL INSTALLATION (IF APPLICABLE).