



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

NAME OF BUSINESS/ESTABLISHMENT: _____

ADDRESS OF PROPOSED SIGN LOCATION: _____

ZONING: _____

OWNER NAME: _____

ADDRESS: _____

INSTALLER: _____ TEL: _____

ADDRESS: _____

LICENSE NO.: _____ FAX: _____

OFF-PREMISE (BILLBOARD) SIGN

NUMBER OF SIGN PANELS: _____ AREA OF EACH PANEL: _____ sq ft.

TYPE (check one): BACK TO BACK TWO SIGN FACES WALL PAINTED

(Note: Two sign face displays are permitted on one-way streets only.)

VALUATION OF OFF-PREMISE SIGN & STRUCTURE: \$ _____

HEIGHT OF STRUCTURE: _____ SETBACK FROM LOT LINE(S): _____

IF PROPERTY IS ADJACENT TO RESIDENTIAL DISTRICT, DISTANCE FROM SIGN TO NEAREST SIDE OR REAR LOT LINES OF RESIDENTIAL DISTRICT: _____ ft.

DISTANCE TO NEAREST OFF-PREMISE SIGN(S): _____ ft.

OFF-PREMISE (BILLBOARD) ELECTRONIC MESSAGE UNIT SIGN (OFF-PREMISE EMU)

NUMBER OF SIGN PANELS: _____ AREA OF EACH PANEL: _____ sq ft.

TYPE (check one): BACK TO BACK ONE SIGN FACE WALL

VALUATION OF OFF-PREMISE EMU SIGN & STRUCTURE: \$ _____

HEIGHT OF STRUCTURE: _____ SETBACK FROM LOT LINE(S): _____

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

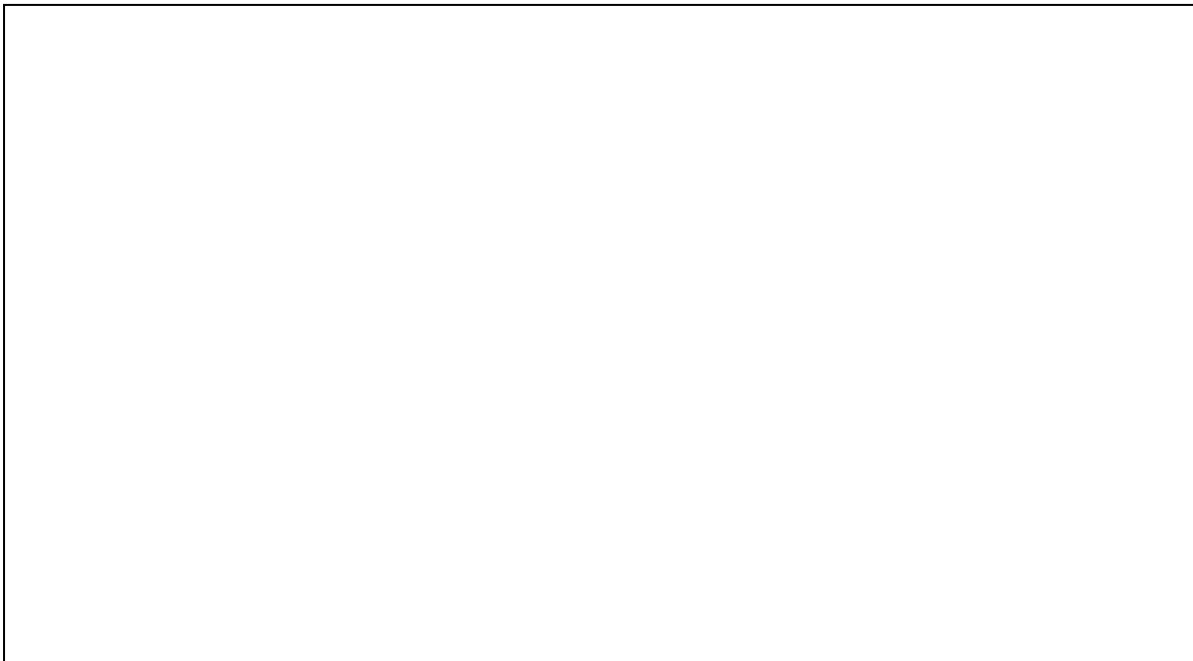
DISTANCE TO NEAREST OFF-PREMISE SIGN(S): _____ ft.

LIST OF OFF-PREMISE SIGNS TO BE DEMOLISHED

*(For every one (1) Off-Premise EMU to be installed, 1,500 square feet must be removed from the Core Area.**)*

Address of Sign to be Demolished	Square Footage of Sign to be Demolished
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

PROPOSED SITE LOCATION MAP



NOTES:

*Access must be granted by the Sign Owner/Operator to the Emergency Communication System.



**Core Area is defined as the area bounded by Pershing Road/Illinois Route 121, 22nd Street, Lake Shore Drive, South Side Drive, and Oakland Avenue/Illinois Route 48.

***Please attach photos of those signs to be demolished as well as a picture/sketch of the proposed new sign location.

****All demolitions must be completed prior to final inspection and lighting of the Off-Premise EMU Sign.

ELECTRICAL CONTRACTOR: _____

ADDRESS: _____ **TEL:** _____

APPLICANT SIGNATURE: _____ **DATE:** _____