



# CITY OF DECATUR ILLINOIS

#1 GARY K. ANDERSON PLAZA DECATUR, ILLINOIS 62523-1196  
Phone: 217-424-2747 Fax: 217-424-2799 Email: engineeringforms@decaturil.gov

## APPLICATION – SIDEWALK SIGN PERMIT

Please fill in all requested information.

Application Date:	
-------------------	--

Legal Name of Business:			
Doing Business As:			
Business Address:			
Owner's Name:		Owner's Phone:	
Owner's Email:			

Store Manager:		24-Hour Phone:	
----------------	--	----------------	--

Hours of Operation:	
---------------------	--

Sign Dimensions (See Note 1)	Height:	
	Width:	

Fee: (See Note 2)	\$25.00	Expiration Date:	December 31, 2021
-------------------	---------	------------------	-------------------

Application By:	
-----------------	--

I understand I must keep a clear, unobstructed ADA compliant passage for pedestrian traffic on sidewalks or other passageway of 4 feet in width at all times.

Signature:	
------------	--

### -FOR OFFICE USE ONLY-

Received By:		Date:	
Approved By:		Date:	

Note 1: Sign panel - 6 SF max on each of two (2) sides; Sign structure - 4 FT max height

Note 2: The fee is \$25.00 and allows for one (1) sign to be placed as detailed here in

#### Attachments:

- Certificate of Insurance (naming the City as an additional insured)
- Indemnity and Hold Harmless Agreement
- Photographs Showing the Existing Condition of the Sidewalk

## INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

For and in consideration of the temporary use of City property as specified specifically in this Temporary Public Property Usage Application for the express purposes indicated therein, the sufficiency of which is hereby specifically acknowledged, Business agrees to indemnify and save and hold harmless the City, and its agents, officers, volunteers and employees from and against any and all costs, lawsuits, claims, losses, damages, liabilities, settlements and judgments or expenses that it may sustain, individually or collectively as a result of any suits, actions or claims of any character or type whatsoever brought on account of property damage and/or injury to, or death of any person or persons, including any employees, agents or volunteers of Business which may arise in connection with the use, maintenance or improvement of said City property by Business.

BUSINESS: \_\_\_\_\_

By: \_\_\_\_\_

(Must be authorized to enter into, bind and execute)

Title: \_\_\_\_\_

Date: \_\_\_\_\_