



PERMANENT SIGN PERMIT

Permit #: _____

Site/Business Information:

Business Name: _____

Address: _____

Phone #: _____ Business Registration #: _____

Applicant Information:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Email Address: _____

Sign Company Information:

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Email Address: _____

Contractor Registration #: _____

Zoning Information (Please Check One):

Single Business: _____

Multiple Tenant Building: 2: _____ 3: _____ 4: _____ 5 Or More: _____

Sign Information:

Monument Sign: _____ Wall Sign: _____ Other: _____

Sign Dimensions: _____ Sign Height: _____ Total Square Feet: _____

Supporting Documentation Required:

- A.) Detailed rendering of the sign
- B.) Rendering of building elevation where sign will be placed with dimensions (for wall signs)
- C.) Plat of survey that shows where the sign will be installed along with the dimensions (for monument signs)

***A separate sign permit application and supporting documentation is required for each sign.**

Mason Contractor:

Company Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone #: _____ Email Address: _____
Contractor Registration #: _____

Electrical Contractor:

Company Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone #: _____ Email Address: _____
Contractor Registration #: _____

Concrete Contractor:

Company Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone #: _____ Email Address: _____
Contractor Registration #: _____

A sign permit must be approved and issued prior to the installation of any sign.
If there is an approved site plan for the building, the requirements of the site plan must be followed.
Please refer to the sign code (Chapter 106, Article VIII of The Zoning Ordinance)

I hereby certify that I have read, understand and agree to conform to all governing information and regulations set forth by the New Lenox Village Board.

Signature of Applicant: _____ Date: _____