

<b>Office Use Only</b>
Permit #:
Permit Fee Amt \$

Community Development - 1050 W Romeo Rd, Romeoville, IL 60446-1530  
 (815) 886-7200 - Email: [buildinginspections@romeoville.org](mailto:buildinginspections@romeoville.org)

# TEMPORARY SIGN APPLICATION

Application Date \_\_\_\_/\_\_\_\_/\_\_\_\_

<b>BUSINESS NAME:</b>			
<b>ADDRESS OF SIGN:</b>			
<b>TYPE OF SIGN:</b>			
<input type="checkbox"/> Awning/Canopy	<input type="checkbox"/> Banner (on wall)	<input type="checkbox"/> Portable (Grand Opening Only)	
<input type="checkbox"/> Banner (on ground)	<input type="checkbox"/> Balloon	<input type="checkbox"/> Other _____	
Sign Height		Estimated Value of Sign	
Sign Area		Length of wall if sign attached	

**NOTES:**  
*Please read the requirements and place a ✓ in the column to the left to confirm that you understand and agree.*

	1. Each sign requires a separate permit application.
	2. Each application shall include a site plan showing the sign location and setbacks.
	3. Each application shall include a letter from the property owner authorizing the sign.
	4. The Building Permit shall be posted in the building's window where it can be seen from the street.

**Contractor Information**  
 If using a contractor or sub-contractor, a signed copy of the contract shall be included with the application and the following information shall be provided. All contractors and sub-contractors in Romeoville shall be registered with the Village.

Property Owner Information		Applicant	
Name		Name	
Address		Address	
Phone/Email		Phone/Email	
Sign Installer		Electrician	
Name		Name	
Address		Address	
Phone/Email		Phone/Email	

# Construction Requirements

<i>Please read the requirements and place a ✓ in the column to the left to confirm that you understand.</i>		<b>Office Use</b>
	Provide site layout showing location of the temporary sign.	

<b>Permit Requirements</b>		<b>Office Use</b>
<i>Please read the requirements and place a ✓ in the column to the left to confirm that you understand and agree.</i>		
	<p>Temporary signs shall be permitted subject to the following:</p> <p>(1) Location. Temporary signs shall comply with all location requirements for awning, canopy, and wall signs.</p> <p>(2) Number. A maximum of one (1) temporary sign shall be displayed on the premises.</p> <p>(3) Height. Temporary signs shall comply with the height requirements for awning, canopy, and wall signs.</p> <p>(4) Sign Area. No freestanding temporary sign shall exceed thirty-two (32) square feet in area and eight (8) feet in height. No temporary sign attached to an awning, canopy, or wall shall exceed sixty (60) square feet in area.</p> <p>(5) Illumination. Temporary signs shall not be illuminated.</p> <p>(6) Duration of Display:</p> <p style="padding-left: 40px;">(a) Temporary signs shall be permitted for no more than thirty (30) consecutive days</p>	

I hereby declare that I have read and understood this application. The above information and any attachments are correct. I agree, that in consideration of and upon issuance of a building or use permit, that I am allowed to do such work as herewith applied for, and that such premises shall be used only for such purposes as set forth above.

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

<b>OFFICE USE ONLY - Approval &amp; Review Status</b>		
Zoning Approval:		Date:
Building Approval-ELECTRIC		Date:

<b>Clerical</b>					
	Clerical to check on all contractors to make sure that they are current with their license.		Clerical check for outstanding debt:		
Contacted Date:		Person Contacted:		Contacted By:	