



**CITY OF FREEPORT, ILLINOIS**  
**DEPARTMENT OF COMMUNITY DEVELOPMENT**  
 City Hall Building • 314 West Stephenson Street • Freeport, IL 61032  
 Telephone (815) 235-8202 • Fax (815) 599-5819

**APPLICATION FOR SIGN PERMIT**

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

Address of Sign Location: \_\_\_\_\_

This application is for (check one):

- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> Erection of a new sign | <input type="checkbox"/> Addition    |
| <input type="checkbox"/> Alteration of a sign   | <input type="checkbox"/> Replacement |

Type of Sign:  Business  Advertising

Description:

- |  |   |
|--|---|
| <input type="checkbox"/> Wall            | <input type="checkbox"/> Flat, projecting _____ (inches)                                      |
| <input type="checkbox"/> Roof            | <input type="checkbox"/> Freestanding   |
| <input type="checkbox"/> Canopy          | <input type="checkbox"/> Ground   |
| <input type="checkbox"/> Illuminated     | <input type="checkbox"/> Pole   |
| <input type="checkbox"/> Non-illuminated | <input type="checkbox"/> Pylon <input type="checkbox"/> New <input type="checkbox"/> Existing |
| <input type="checkbox"/> Directional     |   |

Electrical Contractor: \_\_\_\_\_

Size: Height: \_\_\_\_\_ Length \_\_\_\_\_ Width \_\_\_\_\_ Area (sq.ft.) \_\_\_\_\_

Sign face setback from lot line: \_\_\_\_\_

Sign height:

- From grade to bottom of sign \_\_\_\_\_
- From grade to top of sign \_\_\_\_\_
- From roof to top of sign \_\_\_\_\_

Lineal feet of street frontage: \_\_\_\_\_

Number of exterior signs on property: \_\_\_\_\_

Square feet of existing signs on property: \_\_\_\_\_

Square feet of building frontage: \_\_\_\_\_

Sign contractor: \_\_\_\_\_ Phone number: \_\_\_\_\_

This application is applicable to all types of signs: double or single face signs, projecting pylons, marquees, pole signs, poster panels, wall signboards and individual letters mounted in any manner where the context shall be exposed to view from the street. This application is required by Chapter 59, Article 5 of the Freeport Municipal Code. Any misrepresentation of facts contained on this form will result in this permit being declared null and void, and may require removal of this structure.

Or

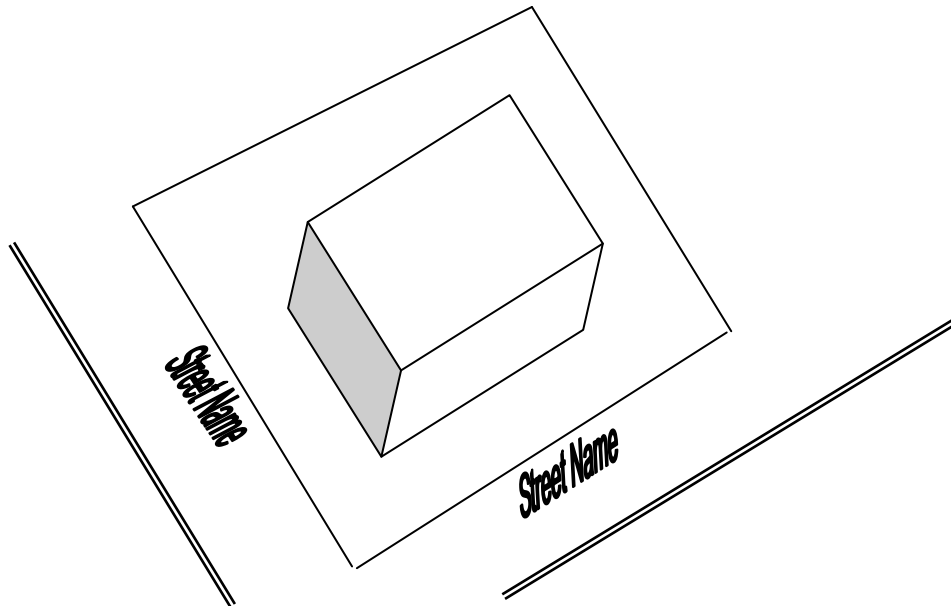
\_\_\_\_\_  
 (Signature of property owner/agent)

\_\_\_\_\_  
 (Signature of sign contractor)



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On the plot plan below, indicate all existing signs, their sizes, and the position of the new sign. Wall and roof signs shall be drawn on the building. Please add the street names. It is the obligation of the property owner to determine location of property lines. Location of pylons shall be marked for the pre-installation inspection.



**SIGN PERMIT FEES AS OF 5.2007**

Double or single-face signs, projecting pylons, marquees & pole signs

|                      |  |                       |          |
|----------------------|--|-----------------------|----------|
| Up to 12 square feet | \$32.00  | 13 to 25 square feet  | \$59.00  |
| 26 to 75 square feet | \$91.00  | 76 to 100 square feet | \$118.00 |
| Over 100 square feet | \$118.00 plus 11¢ per square foot for footage over 100 square feet |                       |          |

Poster panels, signboards & individual letters

Note: The area of individual letters is to be calculated based on the smallest rectangle that will enclose the letter.

|                       |   |                        |          |
|-----------------------|---|------------------------|----------|
| 1 to 25 square feet   | \$32.00   | 26 to 60 square feet   | \$80.00  |
| 61 to 100 square feet | \$102.00  | 101 to 300 square feet | \$132.00 |
| Over 300 square feet  | \$134.00 plus 5¢ per square foot for footage over 300 square feet |                        |          |

Portable flashing signs \$8.00 per each 15 day period; maximum 75 days

Off Premise signs \$21.00

**FOR OFFICE USE ONLY**

Inspection by \_\_\_\_\_ Date \_\_\_\_\_

Comments:

Any conflict with railroad or traffic signals?  Yes  No

Approved  Not approved Date \_\_\_\_\_ Fee \_\_\_\_\_