

**APPLICATION MUST BE COMPLETELY FILLED OUT WITH A SIGN ELEVATION PLAN AND SITE PLAN ATTACHED IN ORDER TO BE PROCESSED.**

Permit # \_\_\_\_\_  
(Provided by Office Staff)

PLANNING & ZONING  
Phone: (815) 319-4350 ▪ Fax: (815)319-4351  
Administration Building ▪ 404 Elm Street ▪ Room 403  
▪ Rockford, Illinois 61101



**Date Stamp Received:**

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Re-Submitted Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(if applicable)

**APPLICATION FOR COUNTY SIGN PERMIT**

**Applicant:** \_\_\_\_\_ **Telephone:** ( ) - \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Property Owner:** \_\_\_\_\_ **Telephone:** ( ) - \_\_\_\_\_

**Site Address:** \_\_\_\_\_ **P.I.N. #:** \_\_\_\_\_

**Type of sign?**  Wall Sign  Free Standing Sign (Ground)  Billboard  Temporary Sign

**Is the sign illuminated?**  No  Yes

*If "Yes", select if one applies:*  Exposed Neon  Flashing  Electronic Message Sign

**Does the sign face a dwelling?**  No  Yes

**Proposed sign AREA not including BASE:** Length (horizontally): \_\_\_\_\_ Height (vertically): \_\_\_\_\_ Area (length x height): \_\_\_\_\_

**Proposed HEIGHT including BASE:** \_\_\_\_\_

**Sign Setbacks:** FRONT ( ) \_\_\_\_\_ feet SIDE ( ) \_\_\_\_\_ feet SIDE ( ) \_\_\_\_\_ feet REAR ( ) \_\_\_\_\_ feet

**Are there any Existing Signs?**  No  Yes (if "Yes", then complete below)

- 1) Length: \_\_\_\_\_ Height: \_\_\_\_\_ Area: \_\_\_\_\_  Wall Sign  Free Standing Sign
- 2) Length: \_\_\_\_\_ Height: \_\_\_\_\_ Area: \_\_\_\_\_  Wall Sign  Free Standing Sign
- 3) Length: \_\_\_\_\_ Height: \_\_\_\_\_ Area: \_\_\_\_\_  Wall Sign  Free Standing Sign

**\*\* THE APPLICATION SHALL INCLUDE A SIGN ELEVATION PLAN AND A SITE PLAN SHOWING THE PROPERTY DIMENSIONS AND LOCATION OF ALL EXISTING AND PROPOSED SIGNS WITH SETBACKS. \*\***

<b>ZONING FEE (SIGN):</b>	Temporary / Commercial	\$ 45.00	X	Qty = \$	Total
	Billboards	\$ 60.00	X	Qty = \$	Total

The Applicant's submittal of the information requested herein and their signature below indicates that the information in this application and any accompanying documents are true, accurate and correct to the best of their knowledge. Any discrepancies will result with the revocation of this sign permit, work stoppage of the building permit, or other procedural delays.

Signature of Owner or Authorized Agent

Date

Mailing Address (Street, City and Zip Code)

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**ADMINISTRATIVE APPROVAL SECTION  
TO BE COMPLETED BY STAFF**

Site Address: \_\_\_\_\_ P.I.N. #: \_\_\_\_\_

Zoning District: \_\_\_\_\_

**PROPOSED SIGN:** APPROVED / DENIED

Subject to the following additional remarks:

*Compliance with all applicable codes and ordinances is required.*

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Signature of Planning and Zoning Officer or Designated Representative

Date