

City of Quincy, Illinois

Office of Zoning and Inspection
 706 Maine Street, 3rd Floor
 Quincy, IL 62301
 Phone: (217) 228-4540 FAX: (217) 221-2288
 Web: www.quincyil.gov



APPLICATION FOR SIGN PERMIT

DATE RECEIVED: / /

Applicant to complete sections I-VII (pages 1-2)

- All Applications for Sign Permit must be accompanied by a graphical depiction of the sign proposed, and must include the dimensions of the sign and height(s) of any sign structure(s)
- Elevation views of the proposed signs must be provided for wall-mounted signs.
- Dimensions of all signs shall be provided by the applicant, including area calculations.
- For new signs other than wall-mounted signs, a plot plan must be provided showing the location of the proposed sign(s) and including dimensions to property lines and rights-of-way

I. Project & Owner Information			
Project Address		Zoning District	
Owner's Name	Phone	Email	
Owner's Address	City	State	Zip
Tenant / Business Name			

II. Sign Information
Project Value: \$

First Sign		
Type of Sign		
Dimensions of Sign		
	(Height) X	(Length)
Total Sign Area (In Square Feet)	Total Area of Wall Face (To Which Sign Is To Be Affixed)	
Setback From Property Line	Height To Bottom of Sign	
Means of Illumination (Internal, External, Backlit, etc.)		
Is this sign the subject of a previous Sign Variation Request?		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	(If Yes, Provide Ordinance Number)

Second Sign		
Type of Sign		
Dimensions of Sign		
	(Height) X	(Length)
Total Sign Area (In Square Feet)	Total Area of Wall Face (To Which Sign Is To Be Affixed)	
Setback From Property Line	Height To Bottom of Sign	
Means of Illumination (Internal, External, Backlit, etc.)		
Is this sign the subject of a previous Sign Variation Request?		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	(If Yes, Provide Ordinance Number)

If more than two signs are proposed, please use additional forms.

(Office use only):

Project # 2021 - _____ Receipt # _____ Permit Fee Amt. \$ _____

III. Sign Contractor Information			
Company Name		Contact	
Address		City	State Zip
Phone	Fax	Email	
Electrical Contractor (All Electrical Work Shall Be Performed by a Licensed Electrical Contractor)			
Name		Phone	

IV. Designated Responsible Party for Payment of Permit Fee (if different than I or III above)			
Role in Project (i.e. general contractor, owner, etc.)			
Name		Company	
Address		City	State Zip
Phone	Fax	Email	

V. Applicant's Certificate			
As Owner or the owner's authorized agent of the property for which this application is being filed, I hereby certify, under penalties as provided by law pursuant to 735 ILCS 5/1-109, the following:			
<ol style="list-style-type: none"> 1. The description of use and information contained on this application is correct and; 2. The project will comply with all current codes and conditions of approval requirements of applicable City Ordinances and pay all fees required by such ordinances and; 3. No error or omission in either documents or application, whether said documents or application have been approved by the Building Inspector or not, shall permit or relieve the applicant from constructing the work in any manner other than provided for in the Ordinances of this City relating thereto. 4. If other than the owner, I am certifying that the proposed work has been authorized by the owner of record and that I have been authorized by the owner to complete this application on his/her behalf. I will be acting on behalf of the owner as his/her agent. 			
Applicant if other than the Owner:			
<input type="checkbox"/> Sign Contractor <input type="checkbox"/> Architect / Engineer <input type="checkbox"/> Other _____			
Provide legal address, phone and signature of applicant to affirm the above statements			
Name		Title	
Company		Phone	
Street Address		City	State Zip

Signature X		Date
Application accepted by		Date
Special Dispensation:		