



CITY OF CHICAGO

DEPARTMENT OF BUILDINGS

Sign Permit Application

APPROVAL NUMBER	PERMIT NUMBER	ANNUAL FEE	WORK CODE	DRAWINGS <input type="radio"/> YES ATTACHED <input type="radio"/> NO
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CONTRACTOR WILL FILL OUT BLANKS BELOW

DATE OF APPLICATION	
ADDRESS OF SIGN (NUMBER, DIRECTION AND STREET NAME)	
BUILDING	ORIGINAL PERMIT NUMBER
TYPE OF PERMIT	<input type="radio"/> NEW SIGN <input type="radio"/> CHANGE OF FACE <input type="radio"/> REPAIR <input type="radio"/> ADDITIONAL SEGMENT <input type="radio"/> REHANG <input type="radio"/> REMODEL
PAYER OF ANNUAL INSPECTION FEE	
ADDRESS	
CITY	STATE ZIP CODE
SIGN MANUFACTURER	
ADDRESS WHERE SIGN CAN BE SEEN PRIOR TO ERECTION	
TICKET NUMBER	FORM # 1017B REINSPECTION CONTROL NUMBER
TYPE OF SUPPORT FOR SIGN	<input type="radio"/> BEAM <input type="radio"/> POLE <input type="radio"/> GROUND STRUCTURE <input type="radio"/> CANOPY <input type="radio"/> BUILDING <input type="radio"/> ROOF
SIGN BOARD SUPPORT MEMBERS <input type="radio"/> WOOD <input type="radio"/> STEEL	

ANNUAL FEE _____

CONSTRUCTION FEE _____

1017 B FEE _____

TOTAL FEE _____

<input type="radio"/> PROJECTING OVER PUBLIC WAY	<input type="radio"/> ROOF	<input type="radio"/> PROJECTING OVER PRIVATE PROPERTY			
<input type="radio"/> FLAT	<input type="radio"/> SIGNBOARD				
LENGTH	FT.	IN.	HEIGHT	FT.	IN.
AREA		SQ. FT.	WEIGHT		LBS.
SIGN HEIGHT ABOVE GRADE/ROOF					FT.
SHAPE OF SIGN <input type="checkbox"/> REGULAR <input type="checkbox"/> IRREGULAR					
SIGN WILL READ:					
NO. OF LAMPS			TOTAL WATTAGE		
<input type="radio"/> INCANDESCENT	<input type="radio"/> NEON				
<input type="radio"/> FLUORESCENT	<input type="radio"/> OTHER				
NO. OF BALLASTS/TRANSFORMERS					
INPUT OF TRANSFORMERS					
WILL FEEDERS BE INSTALLED BY YOU?			<input type="radio"/> YES	<input type="radio"/> NO	
WILL CONNECTIONS BE MADE TO CUSTOMER'S LEAD BY YOU?			<input type="radio"/> YES	<input type="radio"/> NO	
TYPE OF SWITCH		<input type="radio"/> KNIFE	<input type="radio"/> SPECIAL		
LOCATION OF SWITCH		<input type="radio"/> OUTSIDE	<input type="radio"/> INSIDE		
SIGN LOCATION					

The undersigned certify that the statements in this application are true and correct and that all work done under the proposed permit will conform to the Requirements of the Chicago Municipal Code.

REG. NO.
ELEC. CONTR.
ADDRESS
SUPERVISOR SIGNATURE:

BOND NO.	REG. NO.
SIGN ERECTOR	
ADDRESS	
SIGNATURE	

The permit issued on this application will authorize only signs here applied for. If other signs are to be erected they must be covered by additional permits.



OVER

ZONING INFORMATION

ELECTRICAL INSPECTION INFORMATION

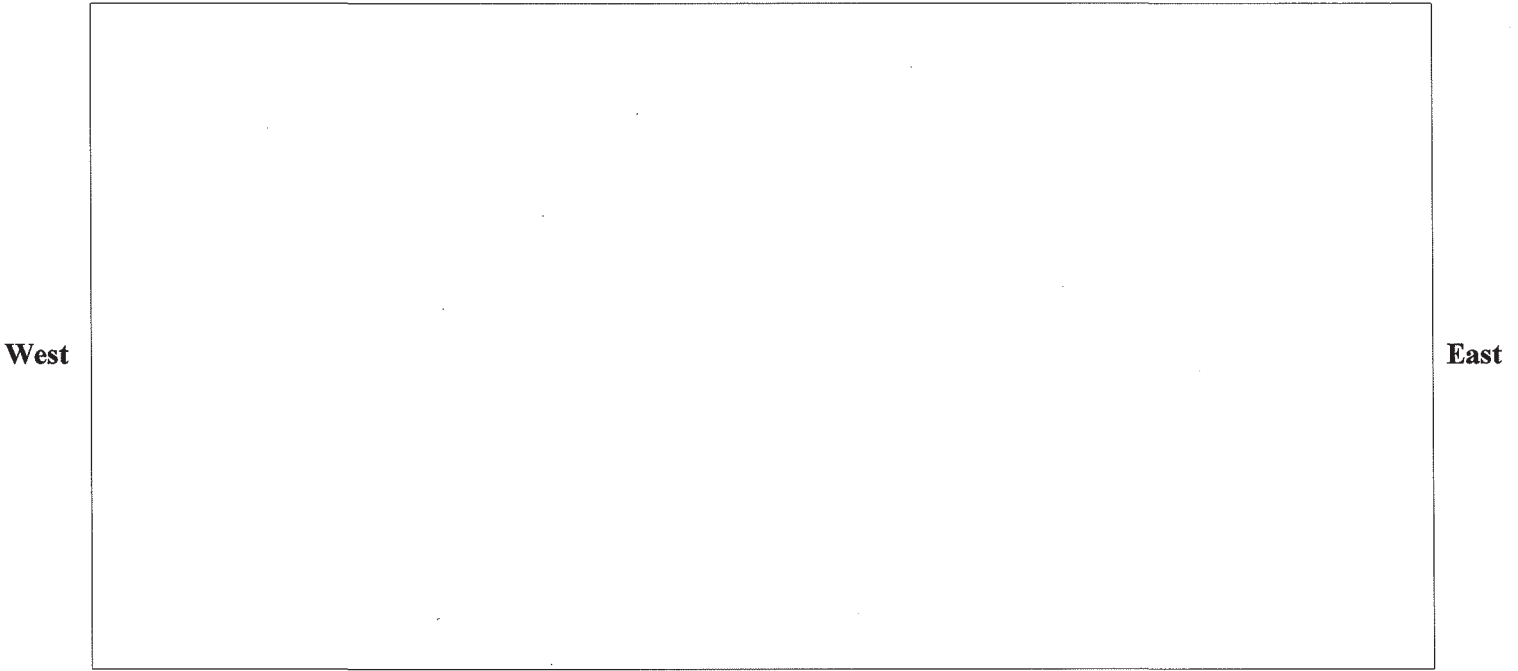
TYPE OF BUSINESS	SIGN BOND REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
TYPE OF SIGN: <input type="checkbox"/> ADVERTISING <input type="checkbox"/> ILLUMINATED <input type="checkbox"/> BUSINESS <input type="checkbox"/> FLASHING	COUNCIL ORDER REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
TOTAL STREET FRONTAGE OF LOT (IN FEET)	IS SPECIAL PERMISSION REQUIRED FROM CHIEF ELECTRICAL INSPECTOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
TOTAL AREA OF NEW SIGN (SQ. FT)	IF YES, ATTACH LETTER REQUEST.	
TOTAL AREA OF ALL SIGNS ON LOT (SQ. FT)	TIME STAMP	
HEIGHT OF SIGN ABOVE GRADE (TO TOP)	TIME STAMP	
DISTANCE FROM CURB LINE OUTER EDGE DISTANCE FROM STRUCTURE INNER EDGE	SIGN CLERK	APPROVED FOR PERMIT
DISTANCE FROM: A. PUBLIC PARK (OVER 10 ACRES) _____ B. EXPRESSWAY (IF LESS THAN 1,000 FT.) _____ C. RESIDENCE DISTRICT (ADVERTISING SIGNS ONLY) _____	REMARKS	
IF REPLACEMENT SIGN OR CHANGE OF FACE, WHAT DOES EXISTING SIGN READ?	REMARKS	
ZONING (OFFICE USE ONLY) <input type="checkbox"/> APPROVED <input type="checkbox"/> REJECTED	REMARKS	

CITY OF CHICAGO
DEPARTMENT OF ZONING AND LAND USE PLANNING
SIGN SITE PLAN
(ALL INFORMATION MUST BE COMPLETED AND LEGIBLE)

Site Address: _____ of _____ applications

Sign Company: _____ Rep Name: _____

Phone () _____ - _____ EXT _____ *(Below: Building, streets and location of sign on lot or structure)*
 North



SIGN USE:

Bus. ID (On-premise)

Business Lice. # _____

Advertising (Off-premise)

PERMIT TYPE:

New Construction

Change of Face

Previous Permit # _____

TOTAL SQUARE FOOTAGE:

Square footage of **this proposed sign** _____

Gross area of **all proposed signs** _____

Area of **all existing signs**
(not including proposed) on Zoning Lot _____

South

TYPE OF SIGN:

Flat Wall

Freestanding

Awning

Marquee

High Rise Building

Projecting Private

Projecting Public Way

Public Way Use -Permit # _____

SIGN CHARACTERISTICS:

Non- Illuminated

Illuminated

Changing Image

Video Display

Flashing

DISTANCE FROM:

Curb Line: _____

Expressway, Toll Roads
 or Major Route

(n/a if over 1000 ft) _____

Park (over 10 acres) _____

Residential Zone _____

Existing Off-premise on
 same side of street: _____

Signature : _____

Date: _____