

SIGN PERMIT
CITY OF CLINTON
DEPARTMENT OF ZONING, BUILDING & PUBLIC SAFETY
118 W. WASHINGTON ST., CLINTON, IL 61727
PHONE # (217) 935-6552 FAX # (217) 935-4136

OFFICE USE ONLY

DATE:
PERMIT #:
PARCEL #:
ZONED:
FEE:
ISSUED:

PROJECT ADDRESS: _____

OWNER: _____ PHONE: _____

CONTRACTOR: _____ PHONE: _____

CONTRACTOR ADDRESS: _____

LICENSE NO: _____

WORK IS FOR WHAT TYPE OF SIGN:

_____ NEW _____ SIZE _____ SQ. FT.

_____ REFURBISHED

ANTICIPATED START DATE _____

ANTICIPATED COMPLETION DATE _____

EST. TOTAL VALUE OF PROJECT: \$ _____

I hereby certify 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 we agree to conform to all applicable laws of this jurisdiction. Please include a site plan with measurements from the property lines to proposed sign.

Signature of Applicant: _____

Inspector: _____