



City of LaSalle

La Salle County, Illinois

City Offices - 745 Second Street - La Salle, Illinois 61301-2599

Fax: 815-223-9508 www.lasalle-il.gov

Building Inspections

Tel: 815-223-2980

Inspection Hours:

10 AM - 4 PM

SIGN PERMIT

No.S- _____

FOR OFFICE USE ONLY

Permit

Expires: _____

(6 months following date of application)

ADDRESS OF SIGN (Building, Structure, or Lot)

DATE OF APPLICATION

PARCEL NUMBER

NAME OF OWNER OF PROPERTY WHERE SIGN IS TO BE ERECTED

NAME OF SIGN OWNER (Tenant)

PHONE

NAME OF BUSINESS ADVERTISED

FIRM FURNISHING / ERECTOR

PHONE NUMBER

SIGN FIRM ADDRESS

WIDTH OF PROPERTY: _____

WIDTH OF BUILDING FAÇADE: _____

HEIGHT TO TOP OF SIGN: _____

AREA IN SQ. FT.: _____

TOTAL AREA OF EXISTING SIGNS: _____

Mark 'X' in all square below to indicate work to be done:

BALLOON TYPE SIGN

ILLUMINATED SIGN* OR NON-ILLUMINATED SIGN

BANNER, STREAMER, OR PENNANTS

SINGLE-FACE SIGN OR DOUBLE-FACE SIGN

DIRECTIONAL SIGN

GROUND SIGN

PORTABLE SIGN

WALL SIGN

* If illuminated, a seaprte electrical permit is required.

ZONING DISTRICT: _____

VERTICAL DIMENSION: _____

HORIZONTAL DIMENSION: _____

AREA: _____

TOTAL LUMENS OF SIGN: _____

TOTAL AREA: _____

The following requirements must accompany application:

REQUIRED WAIVED

PLOT PLAN

REQUIRED WAIVED

BOND

PLANS & SPECIFICATIONS

COPY OF STRESS CALCULATIONS

ELECTRICAL REQUIREMENTS

CERTIFICATE OF INSURANCE

OWNER'S LETTER

NOTE: All rights and privileges acquired under this code are mere licenses revocable at any time by the City of LaSalle.

I, the undersigned Registered Sign Contractor, hereby apply to do sign work described herein:

Filed this _____ day of _____, 20____.

PROCESSED BY:

NAME / SIGNATURE

APPROVED BY:

SIGN CONTRACTOR'S SIGNATURE

PRINT NAME

BUILDING INSPECTOR SIGNATURE

PROPERTY OWNER'S SIGNATURE

PRINT NAME