

OFFICE USE ONLY:

☐ Application Complete

DEVELOPMENT SERVICES DEPARTMENT

14700 RAVINIA AVENUE ORLAND PARK, ILLINOIS 60462 (708) 403-5300

FAX: (708) 403-6215

<u>developmentservices@orlandpark.org</u> <u>www.orlandpark.org</u> PERMIT #:

Fee:

DATE RECEIVED:

APPLICATION FOR TEMPORARY SIGN PERMIT

| APPLICANT INFORMATION | |
|--|---------------------------------|
| Applicant Name: | Phone Number: |
| Company: | Email: |
| SITE INFORMATION | |
| Business/Site Name: | Phone Number: |
| Address: | Email: |
| Business Owner: | Phone Number: |
| Property Owner: | Phone Number: |
| CONTRACTOR INFORMATION OFFICE USE ONLY: CL: | BOND EXP: |
| Sign Contractor: | Phone Number: |
| Address: | Email: |
| Circumstance: Coming Soon Grand Opening Tem Special Event Store Closing Prio Duration of Display: Start Date: End Date: Sign Text: | r to Permanent Sign Total Days: |
| Sign Materials: | Sign Colors: |
| Sign Location: Wall Ground | Estimated Cost: |
| Sign Type: □ Banner □ Inflatable □ Dual Post | Quantity of Signs: |
| Sign Length: Sign Height: | Sign Face Area: |
| Tenant Type: □ Residential □ Non-Residential □ Vacant Land | Tenant Frontage (ft): |
| Submittal requirements: One (1) color copy of the fully-dimensioned Sign Plan. An aerial image, Plat of Survey, and/or Site Plan with the prop A copy of written consent from the owner of the building or lar The Applicant hereby certifies the correctness and completeness of this | nd. |
| with all applicable Village regulations (including Section 6-307 (Signstalled in accordance with the approved plans. | |
| Applicant Signature: | Date: |

☐ Verify Occupancy

 \square Approval: