

Rev. 5/10/2024

DEVELOPMENT SERVICES DEPARTMENT

14700 RAVINIA AVENUE ORLAND PARK, ILLINOIS 60462 (708) 403-5300 developmentservices@orlandpark.org www.orlandpark.org

DATE RECEIVED:	
PERMIT #:	

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 LISE ONLY. CL.	POND EVD.	
Sign Contractor:		BOND EXP:Phone Number:	
Address:		Email:	
Duration of Display: Start Date: Sign Text:		Sin City	
Sign Materials:		- · · · · · · · · · · · · · · · · · · ·	
	☐ Ground		
	□ Inflatable □ Dual Post		
Sign Length:	Sign Height:	Sign Face Area:	
Tenant Type: □ Residential □ N	Non-Residential □ Vacant Land	Tenant Frontage (ft):	
 A copy of written consent from The Applicant hereby certifies the cor 	ey, and/or Site Plan with the propo in the owner of the building or land rectness and completeness of this ons (including Section 6-307 (Sig	sed sign location(s) clearly marked. I. application and agrees that all signa ns) of the Land Development Code	
	oved plane.	Date:	
	te □ Verify Occupancy/BL Number □ App		