

Sign Application
Code Enforcement and Zoning Department
South Beloit City Hall
519 Blackhawk Boulevard
South Beloit, Illinois 61080
Phone: (815)389-3023 Fax (815)389-8830
t.patrick@southbeloit.org

APPLICATION FOR CITY SIGN PERMIT

Date: _____

Applicant: _____

Telephone: _____

Property Owner: _____

Telephone: _____

Address of Property: _____

Property Parcel Number: _____

Zoning District: R1 ___ R2 ___ RM ___ RR ___ CR ___ CG ___ CT ___ IL ___ IH ___ UT ___

Type of Sign (check all that apply)

___ Business

___ Advertising

___ Non-Illuminated

___ Illuminated (non-flashing)

___ Illuminated (flashing)

Service Size: _____ Amps

Other Electrical: _____

___ Length ___ Width ___ Height

___ Total Square Footage of Sign

Message or picture of proposed sign: _____

How close is this sign to an existing advertising sign? _____ feet/yard (circle one)

Does the sign face a Residential District? _____

If so, provide distance _____

Builders/Contractors Name: _____ Telephone: _____

Electrician: _____ Telephone: _____

Description of work to be done:

***THE APPLICANT IS TO FURNISH ALL OF THE ABOVE INFORMATION AND SHALL SUBMIT A PLOT PLAN SHOWING THE PROPERTY DIMENSIONS AND LOCATION OF ALL EXISTING AND PROPOSED STRUCTURES AND YARD SETBACKS TO ACCOMPANY THIS APPLICATION.**