



Development Services Department
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SIGN PERMIT APPLICATION

CUSTOMER DATA

Name of Owner or Tenant _____ Subdivision _____ Lot No. _____
Property Address _____ County _____ Zoning _____
Daytime Phone # _____ Email _____

PRIMARY CONTRACTOR INFORMATION – ATTACH LIST OF ADDITIONAL CONTRACTORS

Business Name _____ Contact _____
Address of Business _____
Phone # _____ Email _____

Contractor Type _____ Registration # _____

PROPOSED SIGNAGE DATA

CONSTRUCTION VALUE: \$ _____ (including installation costs)

Type of Sign Ground Wall Roof Post
 Marquee Canopy Other _____
 Single Face Double Face Illuminated Non-Illuminated
 Temporary Sign Start Date _____ End Date _____

Dimensions Area _____ (sq. ft) Height _____ Width _____ Length _____

No. of Existing Signs on Property _____

Property Owner's Signature of Permission _____ Printed Name _____ Date _____

***ATTACH PLAT OF SURVEY & ELEVATION OF SIGN WITH DIMENSIONS**

For Office Use Only

PERMIT NUMBER _____ DATE RECEIVED _____

TOTAL FEE _____ METHOD OF PAYMENT _____ RECEIVED BY _____

APPROVED BY _____ DATE: _____