CITY OF STREATOR
204 South Bloomington Street
Streator, Illinois 61364
Phone (815) 672-2517
Fax (815) 672-7566

Sign Permit #_____

FEES:
Illuminated $100.00
Non-Illuminated $50.00
Re-face Only – No charge

PERMANENT SIGN PERMIT APPLICATION

PLEASE NOTE: Each sign *must* have a separate application

Applicant hereby certifies to the correctness of the information below and agrees to conform to all regulations of Section 15.48 "Sign Ordinance" of the Streator Municipal Code of Ordinances.

Perm. Parcel #_____

Address where sign is to be located | **Name of Business (if applicable)**

Business Owner/Operator | **Address** | **Phone**

Contractor Name | **Contractor Address** | **Contractor Phone Number**

Contractor City Registration Number

Linear feet of Building Frontage & Street Name | **Linear feet of Building Frontage & Street Name if a corner**

TYPE OF SIGN: _____ ***Illuminated*** _____ ***Non-Illuminated***

_____ **Free Standing**
____ Ground Monument
____ Pole/Pylon

_____ **Wall**

_____ **Projecting**

_____ **Directional**

_____ **Window**

Horizontal Dimension: _____ **Vertical Dimension: _____**

Distance from grade to top of sign: _____ **Distance from grade to bottom of sign: _____**

Distance from lot line to sign (*free standing only):* **_____Total Square Footage of Existing Signage at Location_____**

The following information *must* be attached to this application prior to review:

1. **A photograph of the site showing *all* existing signage.**
2. **A site plan showing the location of the proposed sign on the subject property and existing signage.**
3. **A scale drawing including the length, width, and height of the sign face, lettering, logos, sign structure, supports and braces.**
4. **A description of the installation/attachment.**
5. **For free-standing signs, include required dimension for the building to the sign and placement of the sign upon the property verifying accessibility requirements regarding sidewalk/right-of-way encroachment.**

Applicant's signature | **Date**

Print

PAID STAMP

APPROVED:_____
Issue Date

Sign Inspector