

APPLICATION FOR SIGN PERMIT / CERTIFICATE OF ZONING COMPLIANCE

Planning & Zoning Department, O'Fallon City Hall
255 South Lincoln Avenue, 2nd Floor
O'Fallon, IL 62269 Phone (618)624-4500 Ext. 4

(Do not write in this space -- For office use only)

Date: _____, _____ Zoning fee paid to City Clerk \$ _____ Date: _____
() Permit issue No. _____
() Application appealed No. _____ If denied, cause of denial: _____
Variance or Special Permit No. _____

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INSTRUCTIONS TO APPLICANTS: All information required by the application must be completed and submitted herewith. Applicants are encouraged to visit the Planning & Zoning Office for any assistance needed in completing this form.

- 1. Name of property owner(s): _____ Phone: _____
Complete mailing address: _____ E-Mail: _____
2. Applicant's name: _____ Phone: _____
Complete mailing address: _____ E-Mail: _____
3. Property interest of applicant (Owner, Contractor, etc.): _____
4. Property address (9-1-1 approved) of proposed sign: _____
Parcel (Tax) ID #: _____ Zone District: _____

- 5. Proposed construction of sign:
() New Sign Type of Footing / Foundation: _____
() Addition or Alteration of Sign: _____

Electric or illuminated sign? Yes or No (Please circle one and see 6f detail requirement below.)

Table with 3 columns: Description, Number Of Signs, Sq. Footage. Rows include On Building - Flush Mounted, On Building - Projecting, Free Standing Pole Mounted, Off-Premise (Billboard), In Window, Temporary Sign.

- 6. A sketch plan (drawn to approximate scale) shall be shown on the reverse side or may be attached showing the following:
a) Dimensions of the zoning lot;
b) Dimensions and use of all buildings and signs;
c) Distance between sign(s), all zoning lot lines, and buildings;
d) Location of all easements (drainage and utility) within 20 feet of sign(s);
e) Any additional information as may be reasonably required by the Planning & Zoning Department and applicable requirements of Section 2.04(e).
f) Provide a grounding detail if electric is provided for illuminated signage.

(Over)

6. Sketch plan (continued) - provide drawing of elevations of sign(s).
If free standing, also provide site plan showing location of sign with items 6a - 6e as previously listed.

7. Application is hereby made for a Temporary Certificate of Zoning Compliance, as required under the Zoning Ordinance of the City of O'Fallon, Illinois, for the erection, moving or alteration, and use of buildings and premises. In making this application the applicant represents all of the above statements and any attached maps and drawings to be a true description of the proposed new or altered uses and/or buildings. The applicant agrees that the permit applied for, if granted, is issued on the representations made herein and that any permit issued may be revoked without notice on any breach of representation or conditions. It is understood that any permit issued on this application will not grant right of privilege to erect any structure or to use any premises described for any purpose or in any manner prohibited by the Zoning Ordinances, or by other ordinances, codes or regulations of O'Fallon, Illinois.

(Applicant) _____

TEMPORARY CERTIFICATE OF ZONING COMPLIANCE

The plans and specifications submitted with this Application are in conformity with the zone district requirements applicable to the subject property. Changes in plans or specifications shall not be made without written approval of the appropriate city officials. Failure to comply with the above shall constitute a violation of the provisions of the City of O'Fallon Zoning Ordinance.

Dated: _____, _____
_____ Planning & Zoning Official, City of O'Fallon, Illinois

For office use only: Line of site R-O-W Required setback Sign area Overall pole sign height

Planning & Zoning Department
255 South Lincoln Avenue
O'Fallon, IL 62269
Phone: 618-624-4500 Ext. 4
Fax: 618-624-4534



ATTACHMENT TO SIGN PERMIT

This Attachment to Sign Permit is to be used when the applicant or business owner is not the property owner of record. The attachment is completed by the owner or authorized agent of the property.

DATE: _____

TO: PLANNING AND ZONING DEPARTMENT
City of O'Fallon

Purpose: Authorization of sign and sign placement

I, _____ owner or authorized agent of the
property located at _____

have reviewed and authorized the placement of the sign at the listed location.

Signed: _____ Date _____

Printed name _____