


COMMUNITY DEVELOPMENT DEPARTMENT
255 S. Lincoln Avenue, 2nd Floor
O'Fallon, IL 62269
(618) 624-4500 x 4
Fax: (618) 624-4534

APPLICATION FOR A TEMPORARY SIGN PERMIT

(Do not write in this space – for office use only)

Date: _____ Permit Number: _____ Zoning District: _____ Permit Fee: **\$35**

I. APPLICANT INFORMATION

Project Name: _____

Project Address: _____

Applicant Name: _____ ☐ Contractor
☐ Tenant

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

II. SIGN INFORMATION

Sign Type: Please choose one of the following:

- | | | |
|---|---|--|
| <input type="checkbox"/> On Building
<i>1 sign up to 24 square feet
<u>Fill out dimensions on next page</u>
<u>Attach image of sign</u></i> | <input type="checkbox"/> In Ground
<i>1 sign up to 6 square feet
<u>Fill out dimensions on next page</u>
<u>Attach image of sign</u></i> | <input type="checkbox"/> Grand Opening
<i>Up to 48 square feet for 30 days immediately following opening of business
<u>Attach separate sheet(s)</u> with sign images, types, locations & dimensions
Inflatables permitted, but count towards maximum sf allowed</i> |
| <input type="checkbox"/> Subdivision Promotion
<i>Available to subdivisions that meet criteria in §158.164(B)
1 on-site & 1 off-site sign, max 10 feet tall, 32 square feet (up to 64 with City Council Approval)
<u>Attach separate sheet(s)</u> with sign images, types, locations & dimensions</i> | <input type="checkbox"/> Annual Outdoor Sales Display
<i>Available to businesses that meet criteria in §158.165(B)(2)(c)
Specific sign dimensions and dates <u>not</u> needed</i> | |

Signs may not be placed in right of way (which includes the area between the sidewalk and the street)

One sign (either on the building or in the ground) that does not exceed the listed maximum size can be placed Friday through Sunday without a permit at all times. Therefore, Friday, Saturday, and Sunday (and National Holidays on Mondays) do not count towards your maximum of 45 days per calendar year. You can apply for up to three temporary sign permits per year.

For a full description of sign regulations see §§158.160 - 158.168 of the Code of Ordinances

II. SIGN INFORMATION (continued)

Sign Dimensions:

Number of Signs: 1 Length: _____ ft _____ in Width: _____ ft _____ in Sign Area: _____ sq. ft.

Total Cost of Signage: \$ _____

Permit 1: Post Date: _____ Removal Date: _____ Days: _____

Permit 2: Post Date: _____ Removal Date: _____ Days: _____
(if applicable)

Permit 3: Post Date: _____ Removal Date: _____ Days: _____
(if applicable)

III. AUTHORIZATION TO APPLY

Application is hereby made for a Certificate of Zoning Compliance, as required under the Code of Ordinances of the City of O'Fallon, Illinois, for the erection, moving or alteration, and use of sign structures and premises. In making this application, the applicant represents all of the statements and any attached maps and sign drawings to be a true description of the proposed new or altered signs. 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 sign structure or to use any premises described for any purpose or in any manner prohibited by the Code of Ordinances, or by other ordinances, codes or regulations of O'Fallon, Illinois.

Applicant: _____ Date: _____
(Signature)

STAFF USE ONLY

Planning & Zoning Division Approval:

Approved by: _____ Date: _____

Building & Inspections Division Approval:

Approved by: _____ Date: _____

Remarks: _____
