



VILLAGE OF FOX LAKE
 66 THILLEN DR.
 FOX LAKE, IL 60020
 Phone: (847) 587-3176
 Fax: (847) 587-3980

FOR OFFICE USE ONLY		
PERMIT:		ZONING:
FLOODPLAIN: <input type="checkbox"/> Yes <input type="checkbox"/> No	VARIANCE REQUIRED: <input type="checkbox"/> Yes <input type="checkbox"/> No	WETLANDS: <input type="checkbox"/> Yes <input type="checkbox"/> No

PERMITS EXPIRE SIX (6) MONTHS FROM ISSUE DATE

APPLICATION FOR SIGN PERMIT

PROPERTY ADDRESS			
COUNTY: <input type="checkbox"/> MCHENRY <input type="checkbox"/> LAKE		PIN: _____	
TOWNSHIP: <input type="checkbox"/> GRANT <input type="checkbox"/> BURTON <input type="checkbox"/> ANTIOCH			
PROPERTY OWNER INFORMATION		CONTACT (IF NOT PROPERTY OWNER)	
NAME:		NAME:	
ADDRESS:		ADDRESS:	
PHONE:		PHONE:	
EMAIL:		EMAIL:	
Sign Type			
<input type="checkbox"/> WALL SIGN	<input type="checkbox"/> GROUND SIGN	<input type="checkbox"/> INTERCHANGEABLE SIGN	<input type="checkbox"/> TEMPORARY SIGN (SEE DETAILS BELOW)
Total Cost of Project: \$ _____			

SIZE OF SIGN #1: WIDTH _____ HEIGHT _____	SIZE OF SIGN #2: WIDTH _____ HEIGHT _____	SIZE OF SIGN #3: WIDTH _____ HEIGHT _____
SQUARE FOOTAGE OF SIGN #1: _____ SF	SQUARE FOOTAGE OF SIGN #2: _____ SF	SQUARE FOOTAGE OF SIGN #3: _____ SF

TEMPORARY SIGN DETAILS	
EVENT INFORMATION:	
NAME OF EVENT: _____	DATE SIGNS WILL BE REMOVED: _____
DATES OF EVENT: _____	

CONTRACTOR INFORMATION	
GENERAL CONTRACTOR:	
NAME: _____	TELEPHONE NUMBER: _____
ADDRESS: _____	
ELECTRICAL:	
NAME: _____	TELEPHONE NUMBER: _____
ADDRESS: _____	

ADDITIONAL CONTRACTORS SHALL BE PROVIDED ON SEPARATE PAGE, WHERE APPLICABLE

The undersigned applies to the Village of Fox Lake, Illinois for a permit and if granted shall comply with all requirements of Village Ordinances relating thereto and pay the fees required by such Ordinances. No error or omission in either the plans or application, whether said plans or application have been approved by the Building Official or not, shall permit the applicant to construct the work in any manner other than that provided for in the ordinance of the Village relating thereto. The applicant of this permit agrees to pay all plan review plus outside review fees whether they receive a permit or not. The applicant having read this application and fully understanding the intent thereof declares that the statements made are true to the best of the applicant's knowledge.

SIGNATURE OF OWNER/AGENT: _____ **DATE:** _____

PERMIT FEES		PERMIT APPROVAL/NOTES
Non-Illuminated	\$	
Illuminated	\$	
Re-facing Existing	\$	
Temporary	\$	
Interchangeable Frame	\$	
FEE TOTAL	\$	Approved By: _____ DATE: _____

MINIMUM 24 HOURS NOTICE FOR INSPECTION