

**VILLAGE OF FOX LAKE**

66 THILLEN DR.

FOX LAKE, IL 60020

Phone: (847) 587-3176

Email: permit@foxlake.org**FOR OFFICE USE ONLY****PERMIT:****ZONING:** Yes No Yes No Yes No

PERMITS EXPIRE SIX (6) MONTHS FROM ISSUE DATE

APPLICATION FOR SIGN PERMIT**PROPERTY ADDRESS**COUNTY: MCHENRY LAKE

PIN:

TOWNSHIP: GRANT BURTON ANTIOCH**PROPERTY OWNER INFORMATION****CONTACT (IF NOT PROPERTY OWNER)**

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

PHONE: _____

PHONE: _____

EMAIL: _____

EMAIL: _____

Sign Type WALL SIGN GROUND SIGN INTERCHANGEABLE SIGN 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