



**VILLAGE OF FOX LAKE**  
 Building and Community Development  
 66 Thillen Dr.  
 Fox Lake, IL 60020  
 Phone: (847) 587-3176  
 Fax: (847) 587-3980

<b>FOR OFFICE USE ONLY</b>
<b>Permit #:</b>

PERMIT FOR PERMANENT SIGN EXPIRES IN SIX (6) MONTHS  
 PERMIT FOR TEMPORARY SIGN EXPIRES IN THIRTY (30) DAYS

## SIGN APPLICATION FOR PERMIT

<b>PROPERTY ADDRESS:</b>				
			PIN:	
			COUNTY:	
<b>APPLICANT NAME:</b>			<b>PHONE:</b>	
			H:	
			C:	
<b>SPECIFICATIONS:</b>				
<b>SIGN 1 LOCATION:</b>			<b>VALUATION: \$</b>	
<b>DIMENSIONS:</b>	<b>PERMANENT (Circle Type)</b>		<b>TEMPORARY (Circle Type)</b>	
Lot Size:	Wall	Freestanding	Banner	Construction
Wall Size:	Marquee	Awning	Ground Sign	Pennant
Sign Size:	Other:		Other:	
<b>SIGN 2 LOCATION:</b>			<b>VALUATION: \$</b>	
<b>DIMENSIONS:</b>	<b>PERMANENT (Circle Type)</b>		<b>TEMPORARY (Circle Type)</b>	
Lot Size:	Wall	Freestanding	Banner	Construction
Wall Size:	Marquee	Awning	Ground Sign	Pennant
Sign Size:	Other:		Other:	
<b>CONTRACTOR INFORMATION:</b>				
NAME:			TELEPHONE NUMBER:	
ADDRESS:				

**NOTICE: Statement of Fact:** I certify that the facts and information set forth in this application are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation or omission of fact (whether intentional or not) in this application or any other required document, as well as any misleading statement or omission, may be cause for revocation of permit, regardless of how or when discovered. **Statement of Compliance with Village Code:** I agree to comply with Village of Fox Lake Code of Ordinances. I understand that submitting an application does not entitle me to a permit, and I must have the permit in hand before beginning any work. Installation of signage PRIOR to permit approval and issuance will result in the property owner receiving a fine.

**SIGNATURE OF OWNER/AGENT:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

<b>FOR OFFICE USE</b>	<b>PERMIT APPROVAL</b>
REMARKS: _____	
SIGNATURE: _____	
TITLE: _____	DATE APPROVED: _____
	TOTAL FEE: \$ _____