

**VILLAGE OF GLENWOOD  
SIGN PERMIT APPLICATION**

One Asselborn Way, Glenwood, Illinois 60425  
Phone (708) 753-2416 Fax (708) 753-2406

Date of Application: \_\_\_\_\_

PERMIT NO. \_\_\_\_\_

Owner of Property: \_\_\_\_\_ Phone No: \_\_\_\_\_

PERMIT COST \_\_\_\_\_

Project Address: \_\_\_\_\_

COST OF PROJECT \_\_\_\_\_

Business Owner's Name: \_\_\_\_\_ Phone No: \_\_\_\_\_ Type of Business: \_\_\_\_\_

**TYPE OF SIGN**

Affixed to Wall: \_\_\_\_\_ Number of Signs: \_\_\_\_\_ Monument Sign: \_\_\_\_\_ Height of Sign: \_\_\_\_\_ No. of Panels: \_\_\_\_\_

Size of Sign: \_\_\_\_\_ Size of Sign: \_\_\_\_\_

Size of Sign: \_\_\_\_\_ Size of Sign: \_\_\_\_\_

Size of Sign: \_\_\_\_\_ Size of Sign: \_\_\_\_\_

**ELECTRICAL**

Single Face: \_\_\_\_\_ Size: \_\_\_\_\_ Double Face: \_\_\_\_\_ Size: \_\_\_\_\_

Number of Circuits: \_\_\_\_\_

**CONTRACTOR INFORMATION: All contractors must be licensed by the Village of Glenwood**

Sign Company: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Licensed: \_\_\_\_\_

Electrical Contractor \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Licensed: \_\_\_\_\_

Contractor: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Licensed: \_\_\_\_\_

Contractor: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Licensed: \_\_\_\_\_

**ALL PROJECTS REQUIRE AN INSPECTION FOR APPROVAL FROM THE BUILDING DEPARTMENT.**

A twenty-four (24) hour notice is required for all inspections. Please call the above number to schedule an appointment.  
Permits expire one (1) year from date issued. Construction must start within six (6) months from date issued.

As owner/agent of the above property, for which this permit is issued and as the applicant for this permit, I expressly agree to conform to all applicable ordinances, codes and regulations of the Village of Glenwood.

Owner/Agent \_\_\_\_\_

Building Department \_\_\_\_\_