



PERMIT #

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TEMPORARY SIGN PERMIT APPLICATION

Name of Business _____

(for which the permit is requested):

Address of Business: _____

(for which the permit is requested):

Business Owner's Name (print): _____

Business Owner's Phone _____

Fax: _____

E-mail: _____

Property Owner's Name: _____

Property Owner's Address: _____

Property Owner's Phone: _____

Fax: _____

E-mail: _____

Sign Contractor (if applicable): _____

Sign Contractor Address: _____

Sign Contractor Phone: _____

Fax: _____

E-mail: _____

Applicant name: _____

Applicant Affiliation (i.e., property owner, business owner, sign contractor): _____

Applicant Information if not provided above (name, address, phone, fax, e-mail): _____

The Village of
Gurnee

325 N. O'Plaine Road; Gurnee, IL 60031; phone 847.599.7550; fax: 847.623.9475 www.gurnee.il.us

THE FOLLOWING SUPPLEMENTAL INFORMATION SHALL BE PROVIDED AT TIME OF SUBMISSION. FAILURE TO PROVIDE ANY OF THE FOLLOWING INFORMATION WILL DELAY THE REVIEW PROCESS:

- ☐ **Attach a sketch or a photo of the Temporary Sign(s)** - A sketch must provide dimensions of all temporary signs, (width, length & total mounting height from grade for any ground mounted sign(s)).
- ☐ **Location of the Temporary Sign(s)** - If more than one sign is proposed, the location of each sign must be provided. The location must be specific, so therefore a site plan must be provided showing dimensions, in feet, of the sign(s) setback to all property lines and/or parking lot pavement. If a wall mounted temporary sign is proposed, please indicate the wall that the sign will be displayed on (N, S, E, or W) and provide a photo or sketch of the wall with the sign location.
- ☐ **Reason for the Temporary Sign**—sale, grand opening, special promotion, new ownership, etc.
- ☐ **Time Frame (dates) for the display of the Temporary Sign**— Please note that each business is allowed a maximum of 14 days during any one calendar year for ALL temporary signage. Therefore, if you think that you may want another temporary sign permit for the same calendar year, then plan the 14 total days appropriately.

Please provide a brief description stating the reason for the Temporary Sign(s):

Time Frame for the display of the Temporary Sign(s):

From _____ **to** _____
Date Date

Total number of days requested for Temporary Sign(s): _____

Office Use Only

Date Temporary sign(s) is to be removed: _____

This Page may be used for sketch.

PERMIT #

TEMPORARY SIGN PERMIT APPLICATION

Village of Gurnee
Community Development
325 N. O'Plaine Road
Gurnee IL 60031-2636

Phone: 847-599-7550
Fax: 847-623-9475



The Village of
Gurnee

COMMUNITY
DEVELOPMENT

Sign Ordinance can be found
online at:
www.gurnee.il.us

Applicant & Property Owner Signature Required

No error or omission in either the plans or application, whether said plans and application have been approved by the Community Development Division or not, shall permit the applicant to construct the work in any manner other than that provided for in the ordinances of this Village. The owner, having read the application for the temporary sign permit and having checked the plot plan hereon shown and fully understanding the intent thereof, declares that the statements made and the drawings shown are true to the best of his/her belief.

The application MUST be signed by the Owner of the Property indicated in this permit.

Do not sign unless you have read and checked this application and everything is complete.

Applicant Signature: _____

Print Name: _____

Date:

Property Owner Signature: _____

Print Name: _____

Date:

Office Use Only

Approval	
Building Department	Date
Zoning Official	Date

Fees	Cost
Electrical	\$
Sign	\$
Miscellaneous	\$
Total	\$

Number of Days used for temporary sign(s) to date (including this application.) _____

Number of days remaining for temporary sign(s) this year _____