



SIGN PERMIT APPLICATION

INSPECTIONS DEPARTMENT

121 11TH STREET, SILVIS, IL 61282

OFFICE HOURS: MON-FRI 8:00-9:00 AM, 12:00-1:00 PM or By Appointment

Section 1 – PROJECT INFORMATION

Project Address: _____

Business Name: _____ Type of Business: _____

Owner Name: _____ Owner Phone: _____

Owners Signature (if required): _____

Class of Work: ☐ NEW ☐ ADDITION ☐ ALTERATION ☐ REPAIR ☐ MOVE ☐ REMOVE

Section 2 – VALUATION AND SIGN TYPE

Description of Signage: _____

☐ Freestanding Sign

☐ Wall Mounted Sign

☐ Re-Face existing Sign

☐ Other Sign

Total Valuation: \$ _____ Permit Fee: \$ _____

Section X – APPLICANT INFORMATION

I hereby certify that I have the authority to make the foregoing application, that the information given is correct and true. I acknowledge I am knowledgeable of the code requirements for the work to be performed and shall perform the work described in accordance with all applicable codes. I also acknowledge that as the permit holder, I assume all responsibility and liability for the work performed, and it is my responsibility to contact the Inspections Department for applicable inspections when work is complete.

APPLICANT TYPE (check one)	
<input type="checkbox"/>	Contractor (Registered with Silvis)
<input type="checkbox"/>	Property Owner (Owner of Legal Record)
<input type="checkbox"/>	Authorized Agent (Written Auth. From Owner)

Applicant or Company Name: _____

Applicant or Company Address: _____

Applicant or Company Phone Number: _____

APPLICANT SIGNATURE: X _____ Date: _____