

INSPECTION SERVICES DIVISION
CITY OF JOLIET, ILLINOIS

1/92

Application for Temporary Sign Permit
Permit Valid for 7 Days
NOTE: ONLY 2 WEEKS ALLOWED PER YEAR

Date: _____

Name of applicant or business owner: _____

Address of applicant: _____

Phone number of applicant: () _____

Address where temporary sign is to be installed: _____

***** ATTACH SITE PLAN.** Sign cannot be located on public right-of-way.

Name of Business: _____

Is the sign illuminated? Yes _____ No _____

- If YES: (1) GFI required. **NO FLASHING LIGHTS ALLOWED**
(2) Heavy duty electric cord required.
(3) No flashing or intermittent lights permitted.

What are the dimensions of the sign? _____

Advertisement of Sign: _____

Date(s) from: _____ to _____

Signature of applicant: _____

Staff use only:

Zoning District _____

Zoning Approval _____

Fee _____

Permit Date _____

Expires _____

Permit Number _____