



DeKalb County Planning Department

110 E. Sycamore Street

Sycamore, IL 60178

(815)895-7188

APPLICATION

County Sign Permit
Temporary Crop Identification

(1) Application is hereby made for a sign permit involving premises described below.

(2) Date of Application: _____

(3) Company Name: _____

Contact Person: _____

Address: _____

Telephone: _____

(4) Date signs to be placed: _____

(5) Date signs to be removed: _____

(6) Please give three (3) sites signs will be placed:
(Brief geographical description or tax parcel numbers)

(7) Description of signs to be placed:
(Size, single or double face, wording)

In consideration of this application and any attached forms being made a part thereof, and the issuance of permit, I will conform to the regulations set forth in the applicable DeKalb County Zoning Ordinance.

Signature

Date

APPROVED: **YES** **NO**

OFFICE USE ONLY	Permit #: _____
Sign Fee: \$20.00 _____	Received by: _____
Deposit: \$100.00 _____	Field Check: _____
Total Pd: _____	By: _____
	Zoning: _____