



DeKalb County Community Development

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: _____

Street Address: _____

City: _____ State _____ Zip Code _____

Telephone: _____

(4) Date signs to be placed: _____

(5) Date signs to be removed: _____

(6) Please give three (3) sites where signs will be placed.

Tax parcel numbers: _____ A brief geographical description: _____

_____ Add 10 digits no spaces or dashes

_____ Add 10 digits no spaces or dashes

_____ Add 10 digits no spaces or dashes

(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

Sign Fee: \$20.00

Deposit: \$100.00

Total Pd:

Permit #: _____

Received by: _____

Field Check: _____

By: _____

Zoning: _____