



# SIGN PERMIT APPLICATION

INSPECTIONS DEPARTMENT  
 912 16<sup>TH</sup> AVE, EAST MOLINE, IL 61244  
 PHONE: (309) 752-1509 FAX: (309) 752-1572  
 OFFICE HOURS: MON-FRI 7-9 AM, 12:30-1:30 PM, 3:30-4:30 PM

## Section 1 – PROJECT INFORMATION

Project Address: \_\_\_\_\_  
 Business Name: \_\_\_\_\_ Type of Business: \_\_\_\_\_  
 Owner Name: \_\_\_\_\_ Owner Phone: \_\_\_\_\_  
 Owners Address: \_\_\_\_\_  
 Owners Signature (if required): \_\_\_\_\_

## 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 3 – CITY AUTHORIZATION – FOR CITY STAFF ONLY

Building & Electrical Inspector		Plumbing & Mechanical Inspector	
Health Inspector		Fire Inspector	
Engineering Department		Zoning Department	

## Section X – APPLICANT INFORMATION

I hereby certify that I have the authority to make the forgoing 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):	Applicant or Company Name: _____
<input type="checkbox"/> Contractor (Registered with East Moline)	Applicant or Company Address: _____
<input type="checkbox"/> Property Owner (Owner of Legal Record)	_____
<input type="checkbox"/> Authorized Agent (Written Auth. from Owner)	Applicant or Company Phone Number: _____

**APPLICANT SIGNATURE: X** \_\_\_\_\_ **DATE:** \_\_\_\_\_