

VILLAGE OF FORSYTH

301 S. Route 51
Forsyth, IL 62535

Phone: (217) 877-9445 / Fax: (217) 877-9863



TEMPORARY SIGN PERMIT APPLICATION

APPLICANT:

Business Name: _____

Contact Person: _____

Address: _____

Phone: _____

SIGN DIMENSIONS:

Sign Dimensions (32 sq. ft. max.):

Height: _____ Width: _____ Area: _____

Setback from property line (5 ft. min.): _____

Sign Location Description (provide sketch on following page):

Sign placement shall not exceed 30 calendar days

Effective Date: _____
(Date temporary sign to be put up)

Until: _____
(Date temporary sign to be taken down)

I certify that the above information is true and correct to the best of my knowledge. I understand that if the information contained on this application is false, the permit is void.

Signature of Applicant

Date

For office use only

Date approved: _____ Approved by: _____

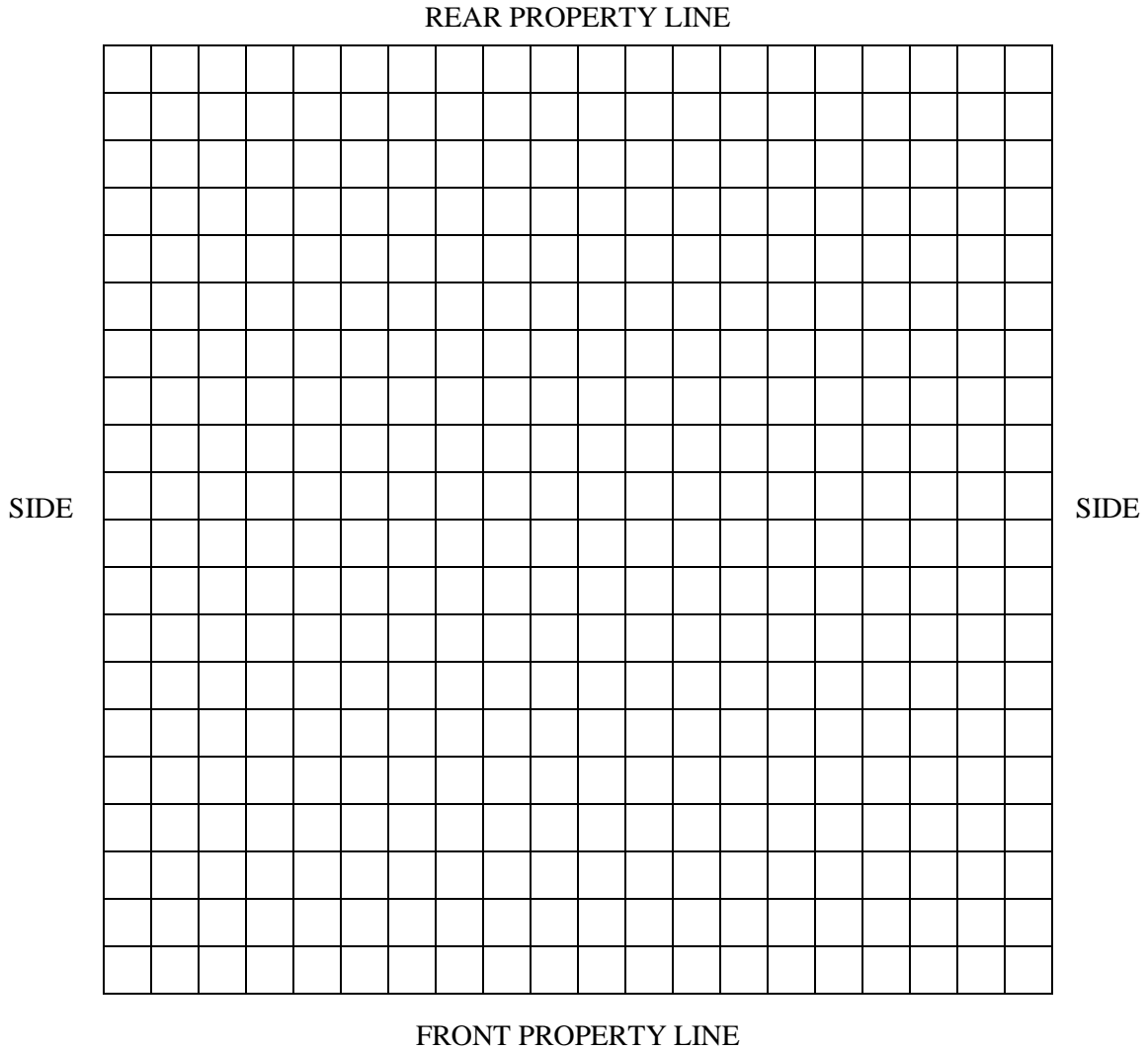
Permit # _____ Permit Expires: _____

If not Approved, Reason: _____

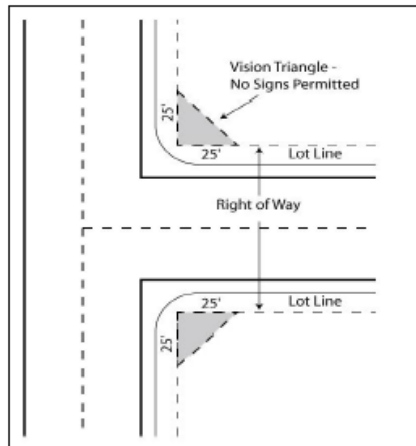
Date not Approved: _____ Not Approved by: _____

SIGN LOCATION SKETCH:

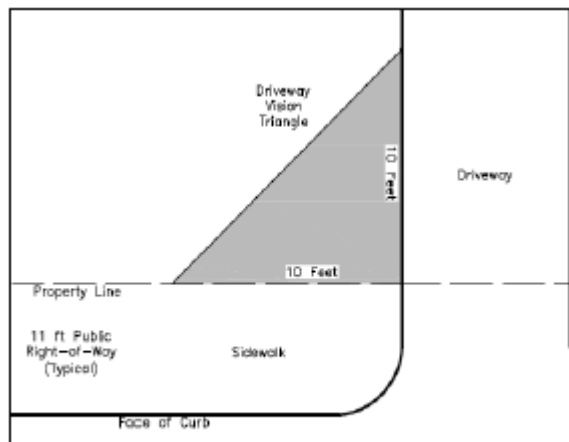
SHOW ALL EXISTING AND PROPOSED BUILDINGS AND SIGNS
AND PLEASE INDICATE NORTH ON SITE PLAN



No sign shall be placed in the corner lot vision triangle or the driveway vision triangle. (Section 7.3 F(2-3))



Corner Lot Vision Triangle



Driveway Vision Triangle