

SIGN PERMIT DATA SHEET

Village of Carol Stream

Community Development Department
500 N. Gary Avenue Carol Stream, Illinois 60188

At the Following Location: _____

(Street Address)

(Description of Location)

Application is Hereby Made

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Erect | <input type="checkbox"/> Permanent Sign # _____ |
| <input type="checkbox"/> Alter | <input type="checkbox"/> Temporary Sign # _____ |
| <input type="checkbox"/> Face Change | <input type="checkbox"/> Temporary Banner # _____ |

If Temporary Banner or Event Signage:

Date of installation: _____

Date of removal: _____

SIGN ONE

GROUND SIGN

- | | |
|---|---|
| <input type="checkbox"/> Single Faced | <input type="checkbox"/> Indirect Illuminated |
| <input type="checkbox"/> Double Faced | <input type="checkbox"/> Non-illuminated |
| _____ Sign Height (Feet) | _____ Sign Width (Feet) |
| _____ Total Area of Sign (Square Feet) | |
| _____ Clearance Above Grade (Feet) | |
| _____ Overall Height Above Grade (Feet) | |

WALL SIGN OR BANNER

- | | | |
|--|-------------------------|---|
| Front Wall | N S E W | <input type="checkbox"/> Indirect Illuminated |
| Side Wall | N S E W | <input type="checkbox"/> Non-illuminated |
| Rear Wall | N S E W | <input type="checkbox"/> # Weeks Requested |
| _____ Projection From Wall (Inches) | | |
| _____ Sign Height (Feet) | _____ Sign Width (Feet) | |
| _____ Percent of Facade Covered | | |
| _____ Total Area of Sign (Square Feet) | | |
| _____ Total Area of Facade (Square Feet) | | |

SIGN TWO

GROUND SIGN

- | | |
|---|---|
| <input type="checkbox"/> Single Faced | <input type="checkbox"/> Indirect Illuminated |
| <input type="checkbox"/> Double Faced | <input type="checkbox"/> Non-illuminated |
| _____ Sign Height (Feet) | _____ Sign Width (Feet) |
| _____ Total Area of Sign (Square Feet) | |
| _____ Clearance Above Grade (Feet) | |
| _____ Overall Height Above Grade (Feet) | |

WALL SIGN OR BANNER

- | | | |
|--|-------------------------|---|
| Front Wall | N S E W | <input type="checkbox"/> Indirect Illuminated |
| Side Wall | N S E W | <input type="checkbox"/> Non-illuminated |
| Rear Wall | N S E W | <input type="checkbox"/> # Weeks Requested |
| _____ Projection From Wall (Inches) | | |
| _____ Sign Height (Feet) | _____ Sign Width (Feet) | |
| _____ Percent of Facade Covered | | |
| _____ Total Area of Sign (Square Feet) | | |
| _____ Total Area of Facade (Square Feet) | | |