City of Byron
232 W. Second St.-PO Box 916
Byron IL 61010
815-234-2762

For Office Use Only:
Date Paid:_____
Total Due: _____
Cash or Check #:_____
Received by:_____

SIGN PERMIT

_____Permanent $80 • _____Temporary $30 • _____Non-Profit Temporary Sign (No fee)

Property Owner:_____

Address:_____

Property Pin #:_____
(Can be found on your tax bill)

Phone: _____

Email: _____

I prefer to be contacted by:
_____Phone _____ Text _____ Email

Address where sign will be located:

_____

Zoning District: _____

_____I will be doing the work myself OR

Contractor's Name and Address:

_____

_____

_____
(Please list additional contractors names and addresses on back or separate paper)

Phone:
_____

License # (If applicable):

_____

Email permit to: _____Owner _____Contractor Email address:_____

_____ Free Standing _____ Wall _____ Awning/Canopy
_____ Bulletin Board _____ Shopping Center _____ Remote Business

Description of Sign: _____

Display Area (square feet): _____If temporary sign, note dates to be displayed:_____

Sketch on reverse side or attach drawing showing location of any building or structure and/or the lot where the sign will be attached, placed or built.

Ordinances regarding signs vary based on type of sign, location and zoning district. Sign regulations are available at City Hall for your review or you may call and request assistance from the Aaron Moore, Building Inspector, at 815-677-0516 or visit www.cityofbyron.com.

The Deponent being duly sworn says that he is the owner or authorized agent for which the foregoing work is proposed to be done, and that all work will be performed in accordance with all existing State Laws and Local Ordinances.

Applicant's Signature: _____ Date: _____

~~~~~~~~~~~~~~~~~~~DO NOT WRITE BELOW THIS LINE—OFFICE USE ONLY~~~~~~~~~~~~~~~~~~

The proposed structure and the use thereof complies with the provisions of the building codes and ordinances.

Application Approved _____ Application Denied _____

Reason: _____

_____ _____
Building Inspector Date
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