

11

Village of Durand
308 W. Main Street
Durand, IL 61024

APPLICATION FOR SIGN(S)

Name of Applicant: _____

Address of Applicant: _____

Phone: _____

Where sign is to be located (address): _____

Signature of Applicant: _____ Date: _____

DESCRIPTION OF SIGN: (You may use the reverse side of this sheet, or attach an accurate scale drawing of the sign in question, to describe the sign, i.e., shape, material, placement on building or location on property, projection from building, etc., as described in Zoning Ordinance Article X, attached hereto.)

TO BE FILLED OUT BY ZONING ADMINISTRATOR

Is the above described sign subject to design review?

_____ Yes _____ No

A zoning permit for the above described proposed sign is hereby granted.

_____ Yes _____ No

Signature of Zoning Administrator:

_____ Date: _____