

Contractor Information – Sign Installer

Name: _____

Company: _____

Address: _____ Suite/Apt #: _____

City, State: _____ Zip Code: _____

Phone Number: _____ E-Mail: _____

Contractor Information – Electrical Contractor (if applicable)

Name: _____

Company: _____

Address: _____ Suite/Apt #: _____

City, State: _____ Zip Code: _____

Phone Number: _____ E-Mail: _____

Contractor Information – Structural Contractor (if applicable)

Name: _____

Company: _____

Address: _____ Suite/Apt #: _____

City, State: _____ Zip Code: _____

Phone Number: _____ E-Mail: _____

**Inspection requests must be made at least 24-hours in advance with the
Community Development Department at (847) 506-6030.
Office Hours 8:00 am to 4:00 pm Monday – Friday.**

Applicant Submittal Statement**Applicant Information (if different from owner)**

Applicant Name: _____

Relationship to Business: _____

Address: _____

City, State: _____ Zip Code: _____

Phone: _____ E-Mail: _____

I hereby certify that the above application is true and correct to the best of my knowledge. I acknowledge that it is the joint and several responsibility of the property owner, the applicant, and each listed contractor to comply with the City's adopted building codes, obtain all necessary inspections, and diligently pursue the completion of all work subject to the permit.

Applicant's Signature

Name of Applicant (Print)

Date