

VILLAGE OF TOLONO, ILLINOIS

APPLICATION FOR A PERMIT FOR A SPECIAL EVENT SIGN ZONING ORDINANCE SECTION 8.3.5

Date of Application _____

1. Name of Applicant _____ Phone _____

Address _____
(STREET NO. AND NAME) (POST OFFICE) (STATE) (ZIP CODE)

2. Name of Local Agent _____ Phone _____

Address _____
(STREET NO. AND NAME) (POST OFFICE) (STATE) (ZIP CODE)

3. Property Owner of Record _____ Phone _____

Address _____
(STREET NO. AND NAME) (POST OFFICE) (STATE) (ZIP CODE)

4. Special Event _____

5. Number of Signs Requested _____

6. Location(s) of Signs _____

7. Type and Sizes of Signs _____

8. Dates for the Display of the Signs _____

9. Specific Restrictions set forth by the Zoning District or the Zoning Administrator:

10. Is the Applicant a Not-for-Profit Organization ? Yes_____No_____

11. Is this Permit Desired for a Recurring Period of Time ? Yes_____No_____

If so, State How Often_____

12. What is the Duration of the Desired Permit ?_____

Signature of Applicant _____

NOTARY

STATE OF _____)

COUNTY OF _____) SS:

I, _____ hereby depose and say that all of the above statements and the statements contained in the papers submitted herewith are true.

Mailing Address _____
(STREET)

(CITY) (STATE) (ZIP CODE)

Subscribed and sworn to before me this day of _____

(CITY) (STATE) (ZIP CODE)

MY COMMISSION EXPIRES:

