



LaSalle County
Land Use Department
119 W Madison St., Room 107, Ottawa, IL 61350

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SIGN PERMIT APPLICATION

April 2021

Application Date _____

Property Owner Name(s): _____
Address: _____
City _____ St _____ Zip _____
Phone #: _____ Fax #: _____

Sign Owner Name: _____
Address: _____
City: _____ St: _____ Zip: _____
Phone #: _____ Fax #: _____

Contractor Name: _____
Address: _____
City _____ St _____ Zip _____
Phone #: _____ Fax #: _____

Sign Details *(Applicants must provide a detailed sketch of the proposed sign)*

Type of Sign: _____ (ground, pole, canopy, projecting, etc.)
New Sign _____ Add to Existing _____ Repair Existing _____
Single Face _____ Double Face _____

Will sign be Illuminated? _____ Yes or _____ No

Changeable/Scrolling Images? _____ Yes or _____ No

IDOT/USDOT Approval Required? _____ Yes or _____ No

Size of Sign: _____ X _____ = _____ Ft²

Height of Sign (grade to top of sign): _____ Ft

Number of Existing signs on Property: _____

Sign Location and Setbacks:

Address: _____

PIN#: _____ - _____ - _____ - _____

Road Right of Way at location: _____ ft *(verify with road district)*
Distance from center line of road: _____ ft
Setback from Property Line(s)
Side _____ ft Side _____ ft Rear _____ ft

ATTACHMENTS REQUIRED: _____ PLAT OF SURVEY _____ DIAGRAM OF SIGN _____ SITE DIAGRAM

SIGN INFORMATION CERTIFICATION

The undersigned certifies the statements contained and provided in this application are true and correct and that all work done under the proposed permit will conform to the requirements of the LaSalle County Zoning Ordinance and any other applicable law. If permission is granted, the undersigned agrees to indemnify and keep harmless the said County of LaSalle, from any and all suits at law or in equity, damages expenses and attorney's fees, that may be sustained by the said County on account of injuries or damages sustained by any person to his person or property, occasioned in any manner by the granting of the permit requested, or by the construction, installation or maintenance of said sign.

Name of Owner (Print)

Signature of Owner or Agent

Date

For Office Use Only

Inspection Date: _____ Zoning District: _____

Approved : ☐ Yes ☐ No

Explanation and Conditions: _____

FEE: \$ 50.00

AMOUNT PAID: \$ _____

DATE PAID: _____

PAYMENT METHOD: ☐ Check ☐ Cash
☐ Credit Card

Check/Payment # _____

PAID BY: _____

RECEIVED BY: _____

LaSalle County Zoning Officer

Date