



VILLAGE OF
OAK BROOK
Illinois

SIGN PERMIT APPLICATION

COMPLETE AND RETURN THIS SHEET, ALONG WITH YOUR GENERAL PERMIT APPLICATION and TWO SETS OF DRAWINGS. DRAWINGS MUST BE IN COLOR. (If the sign is for the Oakbrook Center or Oakbrook Center owned buildings, the drawings must have mall management stamp of approval prior to submittal. Landlord approval may be required on other strip malls within the Village, verify before applying for permit.)

Date: _____

Sign applicant/tenant name: _____

Sign is to be located at: _____

Zoning District: ORA or B

If building is located in ORA - building size in square feet: _____

If building is located in B District - lineal feet in the length of the building wall facing the street:

ORA BUILDINGS LESS THAN 100,000 square feet --- Gross surface area, in square feet, of ALL signs existing for each building on the lot: _____

ORA BUILDINGS MORE THAN 100,000 square feet --- Gross floor area of each building on the lot:

Is there an existing ground sign on the property? YES NO

If yes, what is the total square footage of the existing sign/signs? _____

Does this application include a ground sign? YES NO

All ground sign applications must be accompanied by a plat of survey.

Is the sign to be illuminated? YES NO

If yes, electrical application must be completed and submitted.

Total square footage of **ALL** existing signage at this time: _____

Sign Color (s) _____

Total square footage of all proposed new signs: _____

GENERAL PERMIT APPLICATION

1200 Oak Brook Road
Oak Brook, IL 60523
630-368-5101

Hours: Monday - Friday 8:00 am- 4:30 pm

Fair market project value at prevailing wage:\$ _____

Property Address _____ Suite/Floor # _____

This project is: New Construction Addition/Alteration Other The occupancy type is: Commercial Residential

Tenant/Occupant: _____ Phone: _____

Name: _____ Address: (Street & Town) _____ Phone: _____

Owner _____

Architect _____

G. C. _____

Electrician _____

Plumber _____

Excavator _____

Concrete _____

Mason _____

Carpenter _____

Sewer _____

HVAC _____

Roofer _____

Description of work: _____

**NAME of OWNER/AGENT: _____ PLEASE PRINT LEGIBLY

**SIGNATURE of OWNER/AGENT: _____ DATE: _____

CONTACT NAME: _____ PLEASE PRINT LEGIBLY PHONE: _____ EMAIL: _____

ADDRESS: STREET _____ MUNICIPALITY _____ ZIP _____

ACCOUNTING CODE	FOR OFFICE USE ONLY	AMOUNT
4210	STRUCTURE	
4212	PLUMBING	
4211	ELECTRICAL	
4301	ELEVATOR INSPECTIONS	
4309	INSPECTION FEES	
4215	ACCESSORY STRUCTURES	
4216	HVAC	
4219	MISC. LICENSES & PERMITS	
4303	BLDG. PLAN REVIEW FEES	
4321	ENG. PLAN REVIEW FEES	
1365	RECORDING FEES	
10-1365	BUILDING CONSULTANT	
4332	CONSTRUCTION WATER	
4333	WATER TAP/CONNECTION	
4335	WATER METER	
51-4309	WATER INSPECTIONS	
51-4303	WATER PLAN REVIEW FEES	

-OFFICE USE ONLY-

PERMIT NO. _____

DATE ISSUED _____

Approval is subject to local Codes and Ordinances. Oak Brook follows **ICC CODES, 2015** Edition. Local Amendments are available on the village website. www.oak-brook.org

**In addition to the required applications and permit fees, signatory agrees to reimburse the village for any additional fees - including consulting plan review fees within thirty (30) days of the date the village seeks reimbursement for such charges.

APPROVED

ZONING _____ DATE _____

ENGINEERING _____ DATE _____

BUILDING _____ DATE _____

FEE AND BOND TOTALS

FEES \$ _____

BONDS \$ _____

