

**VILLAGE OF HINSDALE
COMMUNITY DEVELOPMENT DEPARTMENT
APPLICATION FOR TEMPORARY SIGNAGE**

Applicant	Sign Contractor
Name: _____	_____
Address: _____	_____
City/Zip: _____	_____
Phone No.: _____	_____
Fax No.: _____	_____
Contact Person: _____	_____
SIGN ADDRESS: _____	ZONING DISTRICT: _____
Type of Sign: _____	Lot/street frontage: _____
Building frontage: _____	Total square footage of sign: _____
Dimensions of Sign: Length: _____	Height: _____
Overall height of sign (grade to top of sign): _____	
Proposed colors used in sign (max. three): _____	
Type of illumination: _____	Foot-candles: _____

EXISTING SIGN INFORMATION

Business Name	Size of Sign
_____	_____
_____	_____

I hereby acknowledge that I have read this application and the attached instruction sheet and state that it is correct and agree to comply with all Village of Hinsdale Ordinances.

_____ Signature of Applicant	_____ Date
_____ Signature of Building Owner	_____ Date

FOR OFFICE USE ONLY: Fee: \$105.00

Date: _____

Start Date _____ Removal Date (60 Days Max): _____