



SIGN PERMIT APPLICATION
 INSPECTIONS DEPARTMENT
 912 16TH AVE, EAST MOLINE, IL 61244
 PHONE: (309) 752-1509 FAX: (309) 752-1572
 OFFICE HOURS: MON-FRI 8-9:30 AM, 3:30-4:30 PM

Section 1 – PROJECT INFORMATION

Project Address: _____
 Business Name: _____ Type of Business: _____
 Owner Name: _____ Owner Phone: _____
 Owners Address: _____
 Owners Signature (if required): _____

Section 2 – VALUATION AND SIGN TYPE

Description of Signage: _____

 Freestanding Sign Wall Mounted Sign Re-Face Existing Sign
 Other Sign Total Valuation: \$ _____ Permit Fee: \$ _____

Section 3 – CITY AUTHORIZATION – FOR CITY STAFF ONLY

Building & Electrical Inspector		Plumbing & Mechanical Inspector	
Health Inspector		Fire Inspector	
Engineering Department		Zoning Department	

Section X – APPLICANT INFORMATION

I hereby certify that I have the authority to make the forgoing application, that the information given is correct and true. I acknowledge I am knowledgeable of the code requirements for the work to be performed and shall perform the work described in accordance with all applicable Codes. I also acknowledge that as the permit holder, I assume all responsibility and liability for the work performed, and it is my responsibility to contact the Inspections Department for applicable inspections when work is complete.

APPLICANT TYPE (check one):	
<input type="checkbox"/>	Contractor (Registered with East Moline)
<input type="checkbox"/>	Property Owner (Owner of Legal Record)
<input type="checkbox"/>	Authorized Agent (Written Auth. from Owner)

Applicant or Company Name: _____
 Applicant or Company Address: _____
 Applicant or Company Phone Number: _____

APPLICANT SIGNATURE: X _____ **DATE:** _____