VILLAGE OF UNION GROVE Sign Permit Request

Name:	
Address:	
Phone:	Fax:
Address of premise for signage: _	
Zoning Classification: _	
	tached ordinance): Yes No
Sign to be illuminated	Yes No
Replacement sign	Yes No
	Yes No imension, location on attachment #2 – see below)
Type of sign requested:	Ground sign Wall sign Projecting sign Roof sign Window sign Temporary sign Permanent sign Banner
	# of Contractor:
color of letters. If a Location of sign or	cluding all dimensions, lettering, color of background, a ground sign include the height to the top of the sign. a premise, including other existing signs, if any, starting sidewalk, lot line, etc.)
FORM AND ATTACHMENTS COMMISSION ACTION.	MUST BE RECEIVED ONE WEEK PRIOR TO PLAN
**********	**************************************
Plan Commission Date: Variance: Yes No	