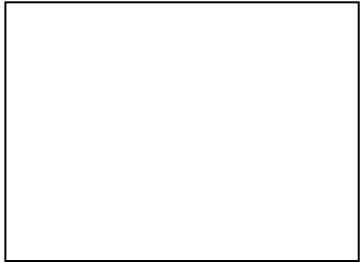




# VILLAGE OF WILLOWBROOK

## MUNICIPAL SERVICES DEPARTMENT

835 MIDWAY DRIVE  
WILLOWBROOK, ILLINOIS 60527  
PHONE: (630) 920-2240  
FAX: (630) 920-2489  
[bzadmin@willowbrook.il.us](mailto:bzadmin@willowbrook.il.us)



DATE RECEIVED (OFFICE USE)

### "TEMPORARY" SIGN / SPECIAL PROMOTION PERMIT APPLICATION

Property Address: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Name of Development: \_\_\_\_\_

Property Owner:

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Applicant:

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Applicant Business Name: \_\_\_\_\_

Lineal Feet of Store-Front / Business Frontage: \_\_\_\_\_

Attach the following materials to this application:

Number of Days Requested: \_\_\_\_\_ Beginning Date: \_\_\_\_\_

Number of Signs Requested: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Sign Dimensions: \_\_\_\_\_ X \_\_\_\_\_ Total Sq. Feet: \_\_\_\_\_

Date of Last Promotion (Note 30 Days are required between promotions): \_\_\_\_\_

**(Areas left blank on this application will lead to delays in approval. Allow a Min. of ten (10) business days to process)**

Provide a diagram depicting the number, location, size, wording, and any other necessary information identifying any proposed promotional signage or special event, noting the following:

- Maximum Square Feet per sign is: "32"
- Provide method of attachment to the building details.
- Temporary signs must be located on your property.
- Signs may not be located off premises or in the public Right-of-Way of any street.
- Note that the sign shall indicate the bonified promotion value (e.g., 50% Off, Two for One, BOGO Free, etc...)
- Advertising an event without a bonified promotional value does not meet the requirements of this sign permit.
- If applicable: Please attach supplemental drawings, site plans, etc. to this application.

**(The two (2) following signatures are required to proceed; this application will not be processed without them)**

The property owner and applicant hereby certify to the accuracy of all the above information and in consideration of the issuance of a permit, agree to construct and install/have installed said sign(s) in compliance with all provisions of the Village of Willowbrook Zoning Regulations and the Village of Willowbrook Building Code.

Property Owner: \_\_\_\_\_  
Signature (required) Printed Date

Applicant: \_\_\_\_\_  
Signature (required) Printed Date

**(FOR OFFICIAL USE ONLY – DO NOT WRITE BELOW THIS LINE)**

Permit No. \_\_\_\_\_ Date Issued: \_\_\_\_\_ Fee: \_\_\_\_\_

Review Date: \_\_\_\_\_ APPROVED:  APPROVED AS NOTED:  DENIED:

**COMMENTS, CONDITIONAL COMMENTS OR APPLICABLE SPECIAL CONDITIONS:**

- 
- 
- 

\_\_\_\_\_  
PLAN REVIEWER / DATE

\_\_\_\_\_  
BUILDING OFFICIAL / DATE