



City Clerk's Office

308 West State Street
Sycamore, IL 60178
Phone (815) 895-4515
Fax (815) 899-2054
www.cityofsycamore.com

<u>For Office Use Only</u>	
Date:	_____
Permit Approved By:	_____
Refundable Deposit:	\$100.00
Refund Approved By:	_____
Date Refund Issued:	_____

POLITICAL SIGN PERMIT APPLICATION

THIS APPLICATION MUST BE LEGIBLE AND COMPLETE

The following applies to political signage in the City of Sycamore:

1. The maximum size of any one (1) sign is **sixteen (16) square feet** in area. A maximum of sixteen (16) square feet in sign area is permitted for each lot or business. Corner lots may have two (2) such signs.
2. Political Sign Permit: Prior to installation of political signs, a temporary sign permit shall be obtained from the City Clerk. The Building Director or his designee shall grant a temporary sign permit for a period not to exceed sixty (60) days, with the exception of political signs displayed on residential property, in which case there is no limitation on the duration of display. *Signs shall not be erected on public right-of-ways, attached to fences, trees, utility poles or the like, and further provided that such signs are placed at least 18 inches inside the property lines (30 inches inside of public sidewalks) and are not placed in a position that will obstruct or impair vision or traffic in any way or manner to create a hazard or disturbance to the health and welfare of the general public.* A cash deposit in the amount of **\$100.00** will be deposited with the City to ensure the removal of all signs within 10 (ten) days after the election, with the exception of political signs on residential property, in which case there is no limitation on the duration of display. If all signs are removed, the deposit or bond will be returned; however, if it is necessary for the City to remove any of the signs, all or a portion of the \$100.00 will be used to defray expenses of removing the signs.

CANDIDATE INFORMATION

Name of Candidate: _____

E-Mail: _____

Size of Sign(s): _____

Location of Sign(s): _____

APPLICANT INFORMATION

Applicant _____

Address _____ City / State / Zip _____

Day Phone _____ Cell _____ E-Mail _____

REFUND DEPOSIT TO – PRINT CLEARLY

Name _____

Address _____ City / State / Zip _____

I, the applicant, certify that I am duly authorized to make this application on behalf of the above-named Candidate, and will conform to all applicable codes, laws and ordinances of the City of Sycamore. I further understand that the Building Director or his designee has the authority to enforce the provisions of all applicable codes, laws and ordinances of the City of Sycamore.

DATE: _____

PRINT NAME: _____

SIGNATURE: _____