

CITY OF MORRIS
BUILDING & ZONING OFFICE
(815)942-0103 FAX (815)942-0216
SIGN PERMIT APPLICATION

PERMIT NO. _____

APPLICANT/OWNER: _____ **PHONE #:** _____

ADDRESS: _____

BUSINESS NAME: _____ **PHONE #:** _____

ADDRESS: _____

SIGN ERECTOR: _____ **PHONE #:** _____

ADDRESS: _____

ZONING CLASSIFICATION

SINGLE BUSINESS LOT 1: _____

MULTIPLE BUSINESS COMPLEX 2 _____ **3:** _____ **4:** _____ **5 OR MORE:** _____

SIGN SIZE: _____ **HEIGHT:** _____

TOTAL SQ. FT: _____

I HEREBY CERTIFY THAT I HAVE READ, UNDERSTAND AND AGREE TO CONFORM TO ALL GOVERNING INFORMATION AND REGULATIONS SET FORTH BY THE CITY OF MORRIS.

SIGNATURE: _____

----- **FOR OFFICE USE** -----

PERMIT FEE: _____ **ISSUED BY:** _____

DATE ISSUED: _____

PLANS/DRAWINGS ATTACHED: _____

COMMENT: _____