



CITY OF WEST FRANKFORT



110 North Jefferson Street
West Frankfort, IL 62896
(618) 932-3262 • Fax (618) 937-2512
www.westfrankfort-il.com

CODES DEPARTMENT SIGN PERMIT

DATE RECEIVED: _____ DATE APPROVED: _____
COUNCIL PERMIT #: _____ ZONED: _____
AMOUNT CHARGED: _____ APPROVED BY CODES OFFICER: _____

OWNER(S) NAMES(S) _____ PHONE: _____
ADDRESS: _____ CITY _____
APPLICANT NAME _____ PHONE: _____
ADDRESS: _____ CITY _____

INSTRUCTIONS TO APPLICANT

All information requested must be completed on this application. Applicants are encouraged to visit this office and every assistance will be given in filling out this form. If possible call (618) 932-3262 for an appointment to avoid delays.

Application is hereby made for a Sign Permit as required under the Zoning Ordinance of the City of West Frankfort, and extending 1 ½ miles from the existing corporate limits for the erection, moving, or alteration, and all statements and any attached maps and drawings as a true description of the proposed new or altered use.

The applicant agrees that the permit applied for, if granted, is issued on the representations made herein and that any permit issued may be revised or revoked, without notice on any breach of representations or conditions stated.

TOTAL PERMIT FEE: \$75.00

I do hereby certify that the information provided in this application is true and correct to the best of my knowledge, and that I have read and understand the terms and conditions of the sign permit when granted by the City Council.

SIGNATURE OF APPLICANT OR OWNER (S) _____
