

**APPLICATION FOR ZONING CERTIFICATE  
(SIGNAGE)  
OGLE COUNTY PLANNING & ZONING DEPARTMENT**

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DATE: \_\_\_\_\_

TO: OGLE COUNTY ZONING ADMINISTRATOR  
911 W. PINES RD.  
OREGON, IL 61061  
PHONE: (815) 732-1190 FAX: (815) 732-3709

1) APPLICANT:  
(NAME) \_\_\_\_\_  
(STREET OR RURAL ADDRESS) \_\_\_\_\_  
(CITY, STATE, ZIP) \_\_\_\_\_  
(PHONE) \_\_\_\_\_

2) OWNER OF THE PROPERTY THE SIGN IS BEING ERECTED UPON:  
(NAME) \_\_\_\_\_  
(STREET OR RURAL ADDRESS) \_\_\_\_\_  
(CITY, STATE, ZIP) \_\_\_\_\_  
(PHONE) \_\_\_\_\_

3) OWNER OF SIGN:  
(NAME) \_\_\_\_\_  
(STREET OR RURAL ADDRESS) \_\_\_\_\_  
(CITY, STATE, ZIP) \_\_\_\_\_  
(PHONE) \_\_\_\_\_

4) PERSON TO BE ERECTING OR AFFIXING THE SIGN:  
(NAME) \_\_\_\_\_  
(STREET OR RURAL ADDRESS) \_\_\_\_\_  
(CITY, STATE, ZIP) \_\_\_\_\_  
(PHONE) \_\_\_\_\_

5) HAS THE WRITTEN CONSENT OF THE OWNER OF THE BUILDING, STRUCTURE OR PROPERTY ON WHICH THE SIGN IS TO BE ERECTED OR AFFIXED BEEN SECURED? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF ANSWER TO ABOVE IS "YES", PLEASE ATTACH SAID WRITTEN CONSENT TO THIS APPLICATION. IF ANSWER TO ABOVE IS "NO", SAID WRITTEN CONSENT MUST BE SECURED PRIOR TO SUBMITTAL OF THIS APPLICATION.

6) <sup>(OVER)</sup> TYPE OF SIGN PROPOSED (CIRCLE ONE OR MORE THAT APPLY):

ANIMATED	COMMERCIAL DIRECTORY	GROUND	PROJECTING	WINDOW
ATTACHED	CONSTRUCTION	HANGING	RESIDENTIAL CONSTRUCTION PROJECT	STANDARD OUTDOOR ADV. STRUCTURE AND/OR BILLBOARD
BANNER	CROP IDENTIFICATION	ILLUMINATED	ROOF	OTHER
CHANGEABLE COPY (MANUAL)	DIRECTIONAL	POLE	SUBDIVISION IDENTIFICATION	
CHANGEABLE COPY (AUTOMATIC)	FLUTTERING	PROJECT IDENTIFICATION	TEMPORARY	

7) IF ANSWER TO ABOVE IS "OTHER", PLEASE DESCRIBE OR EXPLAIN: \_\_\_\_\_  
 \_\_\_\_\_

8) THE SIGN WILL BE LOCATED ON THE FOLLOWING DESCRIBED PARCEL OF LAND:

- A) PROPERTY CODE ( \_\_\_ \_\_\_ ) - \_\_\_ \_\_\_ - \_\_\_ \_\_\_ - \_\_\_\_\_ - \_\_\_ \_\_\_
- B) BRIEF LEGAL DESCRIPTION BY LOT # AND SUBDIVISION NAME (IF APPLICABLE), 1/4 1/4 SECTION, TOWNSHIP AND RANGE:

\_\_\_\_\_  
 \_\_\_\_\_

9) THE ABOVE PROPERTY IS CURRENTLY ZONED: \_\_\_\_\_

10) WILL THE PROPOSED SIGN BE LOCATED IN A "SPECIAL FLOOD HAZARD AREA"? \_\_\_\_ YES \_\_\_\_ NO.

IF YES, WHAT ZONE? \_\_\_\_\_ BASE FLOOD ELEVATION? \_\_\_\_\_ FT.

11) PLEASE ATTACH A SCALED AND FULLY DIMENSIONED SITE PLAN. THE SITE PLAN MUST SHOW THE FOLLOWING:

- A) EXISTING CONDITIONS: LOT LINES (PROPERTY LINES) OF THE SUBJECT PARCEL(S) OR ZONING LOT(S), ANY EXISTING BUILDING(S) AND/OR STRUCTURE(S), THE LOCATION OF THE BUILDING OR STRUCTURE UPON WHICH THE SIGN IS TO BE AFFIXED (IF APPLICABLE), EASEMENTS (DRAINAGE, UTILITY, ETC.), PUBLIC RIGHT-OF-WAY (INCLUDE STREET OR ROAD NAMES), AND ANY OTHER CRITICAL INFORMATION INCLUDING GRAPHIC SCALE AND NORTH ARROW.
- B) PROPOSED IMPROVEMENTS: PROPOSED SIGN LOCATION. INDICATE LINEAR DISTANCES FROM PROPOSED SIGN TO LOT LINES, STREET OR ROAD RIGHT-OF-WAY LINES, AND EXISTING BUILDINGS AND/OR STRUCTURES.

\*IF A PLAT OF SURVEY OR SUBDIVISION PLAT HAS BEEN COMPLETED FOR THE SUBJECT PROPERTY, PLEASE COMPLETE SITE PLAN ON A COPY OF SAID PLAT OF SURVEY OR SUBDIVISION PLAT. SAID PLAT OF SURVEY OR SUBDIVISION PLAT MAY BE XEROGRAPHICALLY ENLARGED OR REDUCED TO A SUITABLE SCALE FOR COMPLETION OF THE SITE PLAN.

12) PLEASE ATTACH A REPRESENTATION OF THE PROPOSED SIGN, TO SCALE, INCLUDING THE WIDTH AND LENGTH OF THE SIGN FACES, AND HEIGHT FROM SURROUNDING GRADE.

*(PLEASE SIGN BELOW)*

13) I CERTIFY THAT ALL OF THE INFORMATION PRESENTED ON THE FOREGOING APPLICATION AND ANY AND ALL OTHER ACCOMPANYING DOCUMENTS PRESENTED HERewith, INCLUDING THE SITE PLAN, ARE COMPLETE AND ACCURATE.

(SIGNED) \_\_\_\_\_

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 (OFFICE USE ONLY)

FEE: \_\_\_\_\_ DATE PAID: \_\_\_\_\_ RECEIPT NUMBER: \_\_\_\_\_

ZONING CERTIFICATE NUMBER: \_\_\_\_\_