



2 LAGOON DRIVE - HAWTHORN WOODS,
ILLINOIS 60047 - (847) 438-5500

TEMPORARY SIGN PERMIT APPLICATION

Date of Application:	
Issue Date:	
Expiration Date:	
Permit #:	
Fee:	
Date Paid:	
Approved By:	

OFFICE USE ONLY

APPLICANT INFORMATION

Name:					
Address					
Home Phone #:		Cell Phone #:		Fax #:	

SIGN INFORMATION

(COLOR DRAWINGS MUST BE SUBMITTED)

TOTAL # OF SIGNS:	SIZE OF SIGNS	
	#1:	#2:
	#3:	#4:
	#5:	#6:
TYPE OF SIGN:	<input type="checkbox"/> Business	<input type="checkbox"/> Political
	<input type="checkbox"/> Civic	<input type="checkbox"/> Religious
	<input type="checkbox"/> Charitable	<input type="checkbox"/> Other :

WORDING:

SIGNAGE ADDRESS

(Name & Address of Property Owner Where Signs Will Be Placed):

1.)	2.)
3.)	4.)
5.)	6.)

I hereby apply for a temporary sign permit in the Village of Hawthorn Woods, Illinois. I hereby agree that if the permit is issued by the Village of Hawthorn Woods, I shall comply with all ordinances of said Village now in force and any others that may be enacted during the period of this permit.

(Applicant Signature)

(Date)