DIVOF BYROZ	City of Byron 232 W. Second StPO Box 916 Byron IL 61010 815-234-2762	Date Paid: Total Due: Cash or Chec	ffice Use Only:	
	Downon on t 690 c 7		PERMIT	eft Tomponom Sign (No foo)
	Permanent \$80 •1	emporary 5		ofit Temporary Sign (No fee)
Property Owner:			I will be doing the work myself OR	
Address:			Contractor's Name and Address:	
Pro	operty Pin #: (Can be found on your tax bill)			
Phone:			(Please list additional contractors names and addresses on	
Email:		back or separate paper)		
I prefer to be contacted by:			Phone:	
PhoneTextEmail		License # (If applicable):		
Address where sign will be located:			License # (II appli	cable):
	-			
Zoning Distr	rict:			
Email permit	t to:OwnerContract	or Email add	lress:	
_	Free Standing	W	all	Awning/Canopy
Bulletin Board		SI	hopping Center	Remote Business
Description o	of Sign:			
Display Area (square feet): If temporary sign, note dates to be displayed:				
Sketch on rev attached, plac	verse side or attach drawing showing sed or built.	location of any	building or structure and	d/or the lot where the sign will be
	ur review or you may call and			ct. Sign regulations are available at City 1g Department at 815-440-2146 or visit
	at being duly sworn says that he is th ork will be performed in accordance			the foregoing work is proposed to be done, Ordinances.
Applicant's Signature: Date:				
~~~~~	DO NOT WRIT	E BELOW T	HIS LINE—OFFIC	E USE ONLY
				the building codes and ordinances.
Application Approved			_ Application Denied	
			Reason:	
	Duil the Local			Dete
Building Inspector		Date		