



City of Sycamore

City Clerk's Office
 308 West State Street
 Sycamore, IL 60178
 T#: 815-895-4515
 F#: 815-899-2054

www.cityofsycamore.com

FOR OFFICE USE ONLY

Date: _____
 Permit Approved By: _____
 Refundable Deposit: **\$100.00**
 Refund Approved By: _____
 Date Refund Issued: _____

POLITICAL SIGN PERMIT

(Print Clearly)

The following applies to political signage in the City of Sycamore:

1. The maximum size of any one (1) sign is **sixteen (16) square feet** in area. A maximum of sixteen (16) square feet in sign area is permitted for each lot or business. Corner lots may have two (2) such signs.
2. Political Sign Permit: Prior to installation of political signs, a temporary sign permit shall be obtained from the City Clerk. The Building Director or his designee shall grant a temporary sign permit for a period not to exceed sixty (60) days, with the exception of political signs displayed on residential property, in which case there is no limitation on the duration of display. *Signs shall not be erected on public right-of-ways, attached to fences, trees, utility poles or the like, and further provided that such signs are placed at least 18 inches inside the property lines (30 inches inside of public sidewalks) and are not placed in a position that will obstruct or impair vision or traffic in any way or manner to create a hazard or disturbance to the health and welfare of the general public.* A cash deposit in the amount of **\$100.00** will be deposited with the City to ensure the removal of all signs within 10 (ten) days after the election, with the exception of political signs on residential property, in which case there is no limitation on the duration of display. If all signs are removed, the deposit or bond will be returned; however, if it is necessary for the City to remove any of the signs, all or a portion of the \$100.00 will be used to defray expenses of removing the signs.

CANDIDATE INFORMATION

Name of Candidate:			
E-Mail:			
Size of Sign(s):			
Location of Sign(s):			

APPLICANT INFORMATION

Applicant				
Address			City/State/Zip	
Day Phone		Cell		E-Mail

REFUND DEPOSIT TO – PRINT CLEARLY

Name			
Address			City/State/Zip

I, the applicant, certify that I am duly authorized to make this application on behalf of the above-named Candidate, and will conform to all applicable codes, laws and ordinances of the City of Sycamore. I further understand that the Building Director or his designee has the authority to enforce the provisions of all applicable codes, laws and ordinances of the City of Sycamore.

DATE: _____

PRINT NAME: _____

SIGNATURE: _____