



City of Sycamore
308 W. State St.
Sycamore, IL 60178
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TEMPORARY SIGN PERMIT APPLICATION

Name of Business: _____

Address where sign will displayed: _____

Phone number: _____

Type of Sign: Wall: _____ Pole: _____ Ground: _____ Other: _____

Total Square Footage (per side): _____

Fee: \$30.00 Date Paid: _____

Business Owner's Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

(Signs must be displayed at business address – offsite signs are prohibited)

Permit No.: _____	Permit Expires: _____
Permit Approved: _____	Title: _____