



Worksheet shall be submitted along with three copies of the plans and specifications as well as a complete inventory of the site's signs. Plans shall indicate the location of the sign in relation to adjacent property lines. Three copies of the plat of survey are required for freestanding signs. Also required is an Electrical Permit Application if any electrical work will be done.

JOB INFORMATION (PLEASE PRINT)

JOB ADDRESS: _____

OWNER/TENANT: _____ **TELEPHONE:** _____

SIGN CONTRACTOR: _____ **TELEPHONE:** _____

CONTRACTOR CONTACT: _____ **TELEPHONE:** _____

SIGN INFORMATION

SIGN TYPE: _____ **PERMANENT: YES NO**

TEMPORARY SIGN DATES: FROM: _____ **TO** _____

STRUCTURAL TYPE: WALL GROUND PYLON

STOREFRONT AREA (WALL SIGNS): _____ **ILLUMINATION: YES NO**

SETBACK FROM PROPERTY LINES (FREESTANDING SIGNS): _____

PROPOSED SIGN SIZE: _____ **PROPOSED HEIGHT ABOVE GRADE:** _____

SITE INFORMATION

MULTI-TENANT BUILDING: YES NO SINGLE TENANT BUILDING: YES NO

TOTAL NUMBER OF SIGNS AND TYPE EXISTING ON PROPERTY: _____

TOTAL AREA OF EXISTING SIGNAGE ON SITE: _____

The applicant certifies to the correctness of the above and agrees to construct the above sign in strict compliance with all provisions of the Village of Bradley Ordinances and amendments thereto.

SIGNATURE: _____ **TITLE:** _____ **DATE:** _____

**General Permit
Application**



Building Standards Department
111 N. Michigan AV, Bradley, IL 60915
Phone 815-933-5008 Fax 815-933-5068

PERMIT# _____

Construction Address: _____ Construction Cost: _____

Property Owner: _____ Phone: _____

Property Owner Address: _____

City/ST: _____ Zip: _____

Applicant/Contractor Name: _____

Phone: _____ Contractor Address: _____

Brief Job Description: _____

I hereby declare that all statements are true to the best of my knowledge and belief. It is my understanding that no error or omission in either the specifications, plans, survey or application, whether said plans or application has been permitted, shall permit or relieve the applicant, from having all work completed in any other manner than that allowed by the Village of Bradley Codes and Ordinances and the Statutes of the State of Illinois.

I hereby authorize the applicant and those listed on the contractors list, to perform any/all work necessary to complete the requirements of this permit.

Signature of Owner: _____ Date: _____

OR

Signature of Applicant: _____ Date: _____

All trades and contractors shall be licensed in the county. Contractor(s) who performed the work shall be present for all inspections. No work shall be started until the permit application has been approved and the permit card is posted on the property in plain view from the street.

PERMIT EXPIRES SIX (6) MONTHS AFTER DATE OF ISSUANCE

OFFICE USE ONLY

ITEM	DATE FORM GIVEN	DATE RECEIVED	DATE APPROVED
Plans (2 Sets Required)			
Plot Plan			
Plan Review Sheet			
Energy Code Checklist			
Contractor List			
Copy of Recorded Deed			
Zoning Of Property			

Approved By: _____ Date: _____

Permit Fee: _____ Date Paid: _____ Cash Charge Check#: _____

Contractor List



Building Standards Department
111 N. Michigan AV, Bradley, IL 60915
Phone 815-933-5008 Fax 815-933-5068

Construction Address: _____ Permit # _____

All trades and contractors shall be licensed in Kankakee County. No work shall be started until the permit application has been approved and the permit card is posted on the property in plain view. Contractor(s) who performed the work shall be present for all inspections.

General: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
Contact: _____ Cell Phone: _____ E-mail: _____

Excavator: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
Contact: _____ Cell Phone: _____ E-mail: _____

Concrete: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
Contact: _____ Cell Phone: _____ E-mail: _____

Carpenter: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
Contact: _____ Cell Phone: _____ E-mail: _____

Roofer: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
Contact: _____ Cell Phone: _____ E-mail: _____

Plumber: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
Contact: _____ Cell Phone: _____ E-mail: _____

Hvac: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
Contact: _____ Cell Phone: _____ E-mail: _____

Electrical: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
Contact: _____ Cell Phone: _____ E-mail: _____