



MASTER SIGN PLAN APPLICATION

VILLAGE OF GURNEE
COMMUNITY DEVELOPMENT DEPARTMENT

TO BE COMPLETED BY APPLICANT:

Date: _____

Address of Subject Property: _____

PIN: _____

Present Use: _____

Zoning District: _____

Applicant Name: _____

Address: _____

Phone Number: _____ Fax: _____

Email: _____

Property Owner Name (if different than applicant): _____

Property Owner Address: _____

Phone Number: _____ Fax: _____

Email: _____

Applicant hereby certifies that: (1) All statements and other information submitted as part of this application are true and correct to the best of the applicants knowledge and further understand that this Application and attachments become part of the Official Records of the Village of Gurnee; (2) Applicant has read and understands all information in this application; and (3) Applicant understands the submittal of inaccurate or incomplete information or plans may result in processing delays.

Signature of Applicant

Date:

Signature of Owner (if different from the applicant)

Date:



