



City of Galva
 311 N. W. 4th Avenue
 Galva, IL 61434
 Phone: (309) 932-2555
 Fax: (309) 932-3306
 www.galvail.gov

Sign Permit Application

Page 1 of 1

Date:

Permit Number:

Plan Check #:

Project Address:

Lineal feet of frontage:

Zone:

Property Owner

Tenant

Name:

Address:

City/State/Zip:

Phone:

Fax:

E-Mail Address:

The City of Galva may require written approval from the owner

Sign Dimensions:

Total Square Feet:

One - Sided

Two - Sided

Electrical Required

No Electrical Required

Sign Description:

Project Contact:

Address:

City/State/Zip:

Phone:

Fax:

E-Mail Address:

Contractor/Builder/Electrician (if needed)

License Number:

Company Name:

Address:

City/State/Zip:

License Type:

Phone:

Fax:

E-Mail Address:

Is this permit in conjunction with a building permit?

Yes

No

I hereby certify that the proposed work is authorized by the owner of record and that I am the owner or have been authorized by the owner to make this application as his authorized agent and that we agree to conform to all applicable laws of this jurisdiction.

Signature of Applicant:

Application Date:

Office Use Only

Calculated Permit Fee:

Authorized by:

Notes: