

**The City of Vandalia**  
**Building & Zoning Department**  
**431 West Gallatin Street**  
**Vandalia, IL 62471**  
**Tele: (618) 283-1152 Fax: (618) 283-3736**

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USE SEPARATE APPLICATION FOR EACH SIGN REQUESTED

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## Sign Application

Application Date \_\_\_/\_\_\_/\_\_\_

Address of sign installation \_\_\_\_\_ Zone \_\_\_\_\_

Value of work performed: \$ \_\_\_\_\_

Owner of Building: \_\_\_\_\_ Phone: \_\_\_\_\_

Agent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Sign Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Agent's Name: \_\_\_\_\_

Type of sign requested (Circle one) Pole, Face, Awning, Cluster, Side, Window, Low Monument, other

Describe "Other" \_\_\_\_\_

Will this sign exactly replace an existing sign? Yes  No

Size of Sign \_\_\_\_\_ wide X \_\_\_\_\_ high

**On reverse side, draw an accurate rendering of the sign and show wording, in the top portion of the form. In the lower section of the form, show an overhead drawing representing the outline of your building, applicable streets, and measurements as well as where the sign is to be placed on your property.**

**Do Not Write Below This Line – Office Use Only**

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Tenant W \_\_\_ X d \_\_\_ = TF \_\_\_ Existing w \_\_\_ X H \_\_\_ = SF \_\_\_ Existing W \_\_\_ x H \_\_\_ = SF \_\_\_

Existing w \_\_\_ x H \_\_\_ = SF \_\_\_ Existing W \_\_\_ x H \_\_\_ = SF \_\_\_

Total existing \_\_\_\_\_ SF Total Allowed \_\_\_\_\_ SF

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\_\_\_\_\_ Building Official  Approved

Denied

Date \_\_\_/\_\_\_/\_\_\_

If denied refer to Sign Ordinance Section \_\_\_\_\_ Attached