

CITY OF GALENA, ILLINOIS



Application for Temporary Sign Permit

Fee: \$25.00 per sign application

Applicant or Organization: _____

Contact Person: _____

Address: _____
City State Zip

Phone #: _____ **Email:** _____

Dates needed: _____

Colors of Sign: _____ **Sign Material:** _____

Size/Dimensions of Sign: _____

Please Note: Please attach a picture of your sign or draw one below.

Applicant's Signature **Date**

City of Galena Use Only

Approved **Denied**

Zoning Administrator's Signature **Date**

Approved Dates: From _____ To _____ **Date Sticker Issued:** _____

Date letter w/ application mailed: _____ **Date application received:** _____

Permit Number for Calendar Year: 1 2 3 4