



10631 MAIN STREET  
PHONE: 815-623-2829 FAX: 815-623-1360 EMAIL: frontdesk@villageofroscoe.com

**TEMPORARY SIGN/BANNER PERMIT APPLICATION**

SIGN LOCATION (exact address) CASEYS Bridge ST, Roscoe  
BUSINESS NAME Keep Northern Illinois Beautiful  
BUSINESS ADDRESS 4665 Hydraulic Rd., Rockford, IL 61109  
MOBILE 815 979-5111 2023 EMAIL Steve@knib.org  
REASON FOR TEMPORARY SIGN/BANNER

DATE FOR PLACEMENT July 3, 2024  
DATE FOR REMOVAL August 3, 2024  
SIZE OF BANNER LENGTH \_\_\_\_\_ HEIGHT \_\_\_\_\_  
SIZE OF SIGN LENGTH 4' HEIGHT 4'

*Concurrent display. All nonresidential developments shall be permitted to display three temporary signs of any type concurrently.  
Display period. The permitted display period of a temporary sign in a nonresidential district shall be a maximum of 30 days.  
A total of three nonconcurrent display periods shall be permitted per single-tenant building or unit of a multitenant building per calendar year. Nonconcurrent display periods shall be separated by a minimum of 30 days.*

THE UNDERSIGNED HEREBY CERTIFIES THAT THE INFORMATION FURNISHED ABOVE IS COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE. THE APPLICANT AGREES TO REMOVE TEMPORARY SIGN BY THE REMOVAL DATE ABOVE.

[Signature] 3/11/24  
SIGNATURE DATE

**FOR OFFICE USE ONLY**  
DATE \_\_\_\_\_ PROPERTY ZONED \_\_\_\_\_  
TOWNSHIP \_\_\_\_\_  
PERMIT APPROVED/NOT APPROVED \_\_\_\_\_  
Zoning Administrator



VILLAGE of  
**ROSCOE**

10631 MAIN STREET

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**TEMPORARY SIGN/BANNER PERMIT APPLICATION**

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 SIGN LOCATION (exact address) Stillman Nat'l Bank  
5250 Bridge St, Roscoe  
 BUSINESS NAME Keep Northern Illinois Beautiful  
 BUSINESS ADDRESS 4665 Hydraulic Rd, Rockford, IL 61109  
 MOBILE 815-979-2073 EMAIL Steve@knib.org  
 REASON FOR TEMPORARY SIGN/BANNER

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 DATE FOR PLACEMENT July 3, 2024  
 DATE FOR REMOVAL August 3, 2024  
 SIZE OF BANNER LENGTH \_\_\_\_\_ HEIGHT \_\_\_\_\_  
 SIZE OF SIGN LENGTH 4' HEIGHT 4'

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Patricia Osborne 3/11/24  
 SIGNATURE DATE

<b>FOR OFFICE USE ONLY</b>	
DATE _____	PROPERTY ZONED _____
	TOWNSHIP _____
PERMIT APPROVED/NOT APPROVED _____	_____ Zoning Administrator