



Village of Coal City

515 So Broadway Coal City IL, 60416
Phone 815-634-8606

Design Application

Applied Date: Year _____ Month _____ Day _____

Issued Date: Year _____ Month _____ Day _____

Owner _____ Phone _____

Applicant _____ Address _____

Legal Description of Property

1. Township _____ Present Zoning Classification _____

2. Subdivision _____ Block _____ Lot _____

3. Tax Identification Number _____

4. Street Number _____ Street Name _____ Zip Code _____

Building Mass and Site Design

Lighting

Parking Facilities

Landscape and Site Improvements

Sign Design Guidelines

Comments:

Approval

Disapproval

Signed _____

Signed _____

Signed _____

Signed _____

Applicant _____

Zoning Official _____