

APPLICATION FOR CERTIFICATE OF SIGN COMPLIANCE, ZONING CODE

CITY OF LEBANON  
 312 W. ST. LOUIS STREET  
 LEBANON, ILLINOIS 62254  
 (618) 537-4976

Application Number: 7-032-2D 2500 Fee: \$ 1500 Date Fee Paid: 10/7/20

IMPORTANT INSTRUCTIONS

Before constructing or installing any sign regulated by the Lebanon Zoning Code, the owner of the property on which the sign is to be constructed or installed, or the person, firm, or corporation constructing or installing the sign, must submit this application for sign compliance and be issued a certificate which indicated compliance. This certificate proves that the plans for a proposed sign have been reviewed by the Zoning/Building Official and found to be in compliance with the Zoning Code.

The Zoning/Building Official may, in some cases, find that plans for a specific sign do not agree with the zoning regulations. When that happens, the Zoning /Building Official will notify the applicant who can: 1) modify the plans to bring them into compliance; or 2) appeal the decision of the Zoning/Building Official [if the decision is one of interpretation]; or 3) request a variation from the regulations [if a variation is allowable in this situation]; or 4) request to have the zoning regulations amended.

After completion of the construction or installation authorized by the certificate, the actual sign must be reviewed by the Zoning/Building Official who confirms that the sign was erected as planned and approved.

APPLICANT NAME: Gena Pineda DDS Phone #: 618.304.5980

Address: 229 W St. Louis St City: Lebanon State: IL Zip: 62254

CHECK IF:  Property Owner  Contract Purchaser  Lessee  Other ( \_\_\_\_\_ )

OWNERS NAME: Gena Pineda Phone # \_\_\_\_\_

ADDRESS OF PROPERTY: 229 W St. Louis Lebanon IL 62254

PERMANENT TAX NUMBER: \_\_\_\_\_ LOT # \_\_\_\_\_ ZONING DISTRICT: \_\_\_\_\_

TYPE OF SIGN(S) TO BE CONSTRUCTED OR INSTALLED:

- Freestanding sign
- Flush mounted sign
- Projecting sign
- Roof mounted sign
- Canopy or marquee sign
- Mobile marquee
- Off-property freestanding sign
- Other \_\_\_\_\_

FOR EVERY PROPOSED SIGN, ATTACH DETAILED DRAWINGS WHICH INCLUDE THE FOLLOWING INFORMATION AS APPLICABLE:

- Sign height from ground to top of sign
- Sign height from ground to bottom of sign
- Sign projection from wall to which it is attached
- Type of illumination and electrical plans
- Sign length and width
- Number of message faces
- Sign message for each face

PROVIDE THE NAMES OF THE FOLLOWING AS APPLICABLE:

SIGN COMPANY: The Fource Group Phone # 618.239.0600

Address: 631 N. Main St. Suite Z City: O'Fallon State: IL Zip: 62269

ELECTRICIAN: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

COMPLETE ADDITIONAL INFORMATION ON THE REVERSE SIDE

SITE PLAN

Draw a plan of the property to scale, including the following: (a larger plan may be substituted)

Check each item once you have included it in your plan.

- The names and locations of all adjoining streets and the locations of all right-of-way
- The location and dimensions of all lot lines, easements, underground utilities, etc.
- The location and dimensions of all existing and proposed buildings, driveways, and parking areas
- The distances between all lot lines and every building or structure, and between buildings
- The location of every sign and the distances between free-standing signs and property lines.

Indicate North  
Scale = \_\_\_\_\_ ft.

YOU MUST ALSO SUBMIT THE FOLLOWING ATTACHMENTS WITH YOUR APPLICATION:

\_\_\_\_\_ The legal description for property in question

\_\_\_\_\_ Detailed plans and drawings for every sign

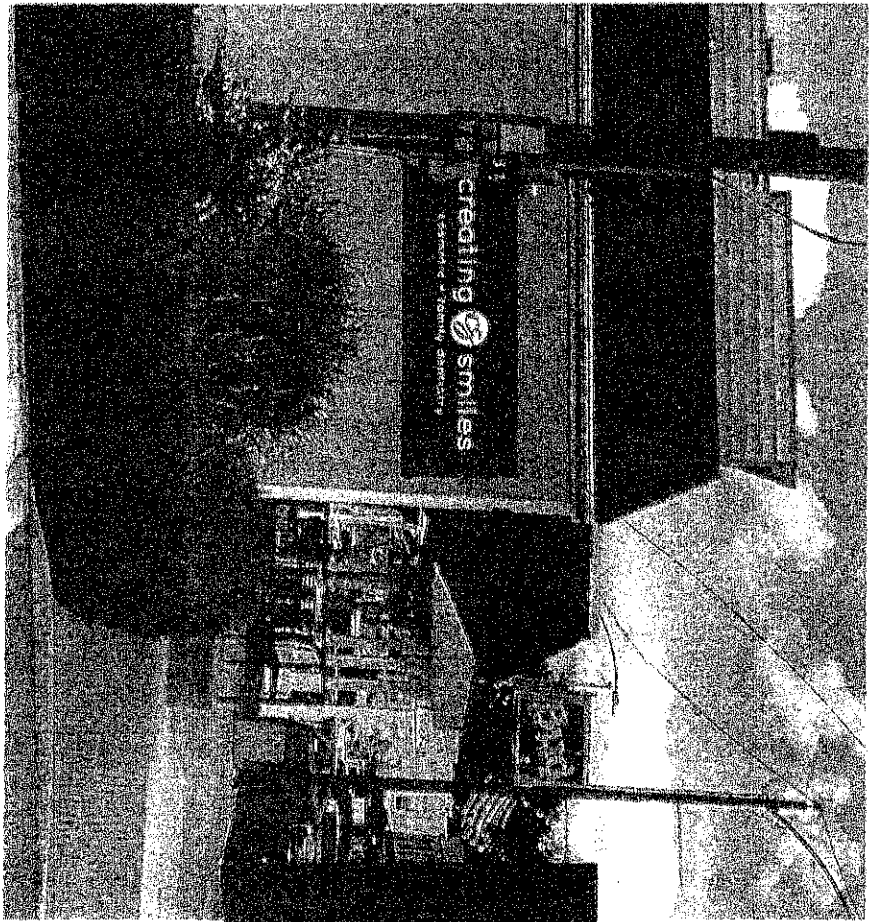
BY MY SIGNATURE BELOW, I CERTIFY THAT ALL OF THE ABOVE STATEMENTS AND THE INFORMATION CONTAINED IN ANY DOCUMENT OR PLANS SUBMITTED HEREWITH, ARE TRUE AND ACCURATE. I HEREBY CONSENT TO THE ENTRY IN OR UPON THE PREMISES DESCRIBED HEREIN, BY ALL AUTHORIZED OFFICIALS OF THE CITY OF LEBANON FOR THE PURPOSE OF INVESTIGATING THIS APPLICATION, INSPECTING THE PROPOSED WORK, AND POSTING, MAINTAINING, AND REMOVING ANY NOTICES REQUIRED BY ORDINANCE.


APPLICANT: Maureen Woodrome DATE: 7 Oct 20

OWNER: John Donadio, DDS DATE: Oct 7, 2020

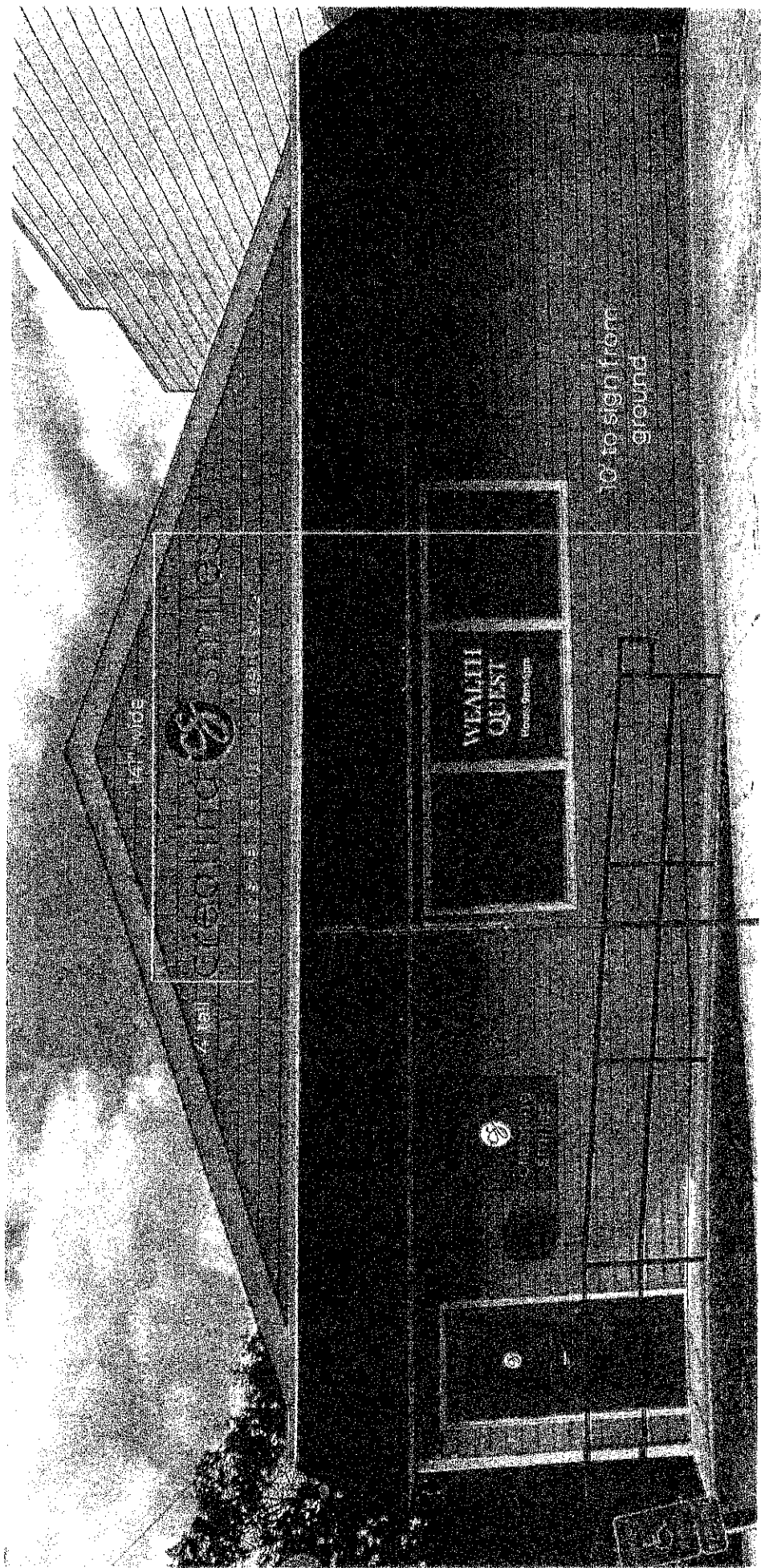
BUILDING/ZONING OFFICIAL: \_\_\_\_\_

\_\_\_\_\_ Approved \_\_\_\_\_ Disapproved



creating  smiles  
cosmetic + family dentistry

2015-2016  
701-701-7017



Fairwinds

Fairwinds



ESTABLISHED 1988

WEALTH QUEST  
Financial Planning



10' to sign from ground

10' to sign from ground

CITY OF LEBANON  
DOWNTOWN HISTORIC SHOPPING DISTRICT  
Application for a Certificate of Appropriateness

Date	10/8/20	Applicant's Name:	GENA PINEDA DDS
Applicant's Address:	229 W.		62254
Applicant's Telephone:	618-304-5988		
Owner's Name:	SAME		
Owner's Address:			
Owner's Telephone:			
Contractor:			

PROPERTY DESCRIPTION

Address of Property: 229 W ST. LOUIS

Year Built: \_\_\_\_\_

Style: \_\_\_\_\_

Discription of Project:

1) R + REPLACE 1 SIGN ON SIDE OF BUILDING  
SIGN REMOVE IS APPROXIMATELY 15" X 5'  
REPLACE WITH SIGN 3' X 5'

2) ADDITIONAL SIGN ON FRONT TOP AREA  
4' H X 14" W OF AN OPEN TYPE

Type of work:

- Demolition or Removal
- Rehabilitation
- Addition or Alteration
- New Construction

If proposed work involves rehabilitation or addition/ alteration, please indicate which of the following apply:

- |                                          |                                          |                                                        |
|------------------------------------------|------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Foundations     | <input type="checkbox"/> Masonry         | <input type="checkbox"/> Siding                        |
| <input type="checkbox"/> Roof            | <input type="checkbox"/> Gutters         | <input type="checkbox"/> Chimneys                      |
| <input type="checkbox"/> Doors/Entrance  | <input type="checkbox"/> Windows         | <input type="checkbox"/> Porch                         |
| <input type="checkbox"/> Cornice/ Frieze | <input type="checkbox"/> Ornamentation   | <input type="checkbox"/> Awning/ Canopy                |
| <input type="checkbox"/> Storefront      | <input type="checkbox"/> Color/ Painting | <input checked="" type="checkbox"/> Other <i>SIGNS</i> |

Please indicate if the proposed work will involve any of the following:

- |                                             |                                      |                                           |
|---------------------------------------------|--------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Fence/Wall         | <input type="checkbox"/> Lighting    | <input type="checkbox"/> Street Furniture |
| <input type="checkbox"/> Parking            | <input type="checkbox"/> Walks/Patio | <input type="checkbox"/> Special Features |
| <input checked="" type="checkbox"/> Signage | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Other            |

**SUMMARY OF PROPOSED WORK:** Describe in Detail proposed construction (if new construction is proposed), or each modification if the existing property is to be rehabilitated, altered or added to, and the purpose for modification. The application should be accompanied by detailed drawings, maps, photographs, and other relevant documentation as necessary to clearly describe the proposed work.

*SEE ATTACHMENT*

Please indicate if any of the following supplementary materials are attached:

- |                                 |                                                    |                                                 |
|---------------------------------|----------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Photos | <input checked="" type="checkbox"/> Drawing/ Plans | <input type="checkbox"/> Historic Documentation |
| <input type="checkbox"/> Maps   | <input type="checkbox"/> Site Plan                 |                                                 |

**CERTIFICATION:** I hereby Certify that all information contained in this application are true and accurate to the best of my knowledge and belief.

*Filed on behalf of Maureen Woodhouse*  
Applicant's Signature *[Signature]*

Date \_\_\_\_\_