

# CITY OF BATAVIA

## PORTABLE SIGNS IN THE DOWNTOWN MIXED USE DISTRICT



City of Batavia  
**Community Development Department**  
100 North Island Avenue  
Batavia, Illinois 60510  
Tel: (630) 454-2700  
Fax: (630) 454-2775  
<http://www.cityofbatavia.net>

*Please direct all questions to the City of Batavia Community Development Department  
Monday through Friday from 8 AM to 5 PM at (630) 454-2700.*

The Batavia City Council adopted changes to the Sign Code effective August 17, 2010. The changes permit businesses in the Downtown Mixed Use zoning district to display a portable sign according to the *Portable Sign Standards* listed below. Each sign must have a City-issued sticker affixed to it before being displayed. Stickers will be issued along with the permit. In addition, businesses with a portable sign to be located on a public sidewalk need to submit evidence of general liability insurance showing the City as an additional insured. The fee for a portable sign permit is \$25.

### **Portable Sign Standards**

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- Maximum of 6 square feet in area
- Maximum height of 4 feet
- Located in front of the business, within 15 feet of the entry, at grade and 2 feet back from on-street parking spaces
- Constructed of durable exterior grade weather-resistant materials
- Well maintained—no missing letters, chipped paint, hand drawn letters, etc.
- Not chained or attached to poles, bike racks, signs, fences, utility facilities or vehicles, or weighted by sandbags
- No attachments such as lights, animation, reflective material, speakers, balloons, ribbons, flags or extra graphics
- Public sidewalks must have a clear path of 4 feet
- Private sidewalks must have a clear path of 3 feet
- Only one portable sign per business entrance
- Must be removed when business is closed, in high winds, during and after a snowfall until the sidewalk is cleared

**Design assistance is available from Batavia Main Street  
at 630:761-3528 or [www.downtownbatavia.com](http://www.downtownbatavia.com)**



**City of Batavia**  
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# Portable Sign Sidewalk License Application

Business Name: \_\_\_\_\_

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

License Applicant Name: \_\_\_\_\_

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

Applicant Phone: \_\_\_\_\_ Applicant E-mail: \_\_\_\_\_

I, the licensee, will provide, at my sole cost and expense, and will thereafter maintain in effect during the entire period of the permit, insurance in the following manner: a General Liability insurance policy showing the City as an additional insured on a primary/non-contributory basis, evidenced by a Certificate of Insurance covering the term of the license showing the above coverage. The certificate will contain a provision that the insurance may not be cancelled without a 30-day written notice to the City.

By accepting this license and installing the sign, I agree to indemnify, defend, protect, and hold harmless the City, its corporate authorities, officers, employees, agents and volunteers from and against any and all claims, demands, losses, damages, liabilities, fines, charges, penalties, administrative and judicial proceedings and orders, judgments remedial actions of any kind, all costs and cleanup actions of any kind, and all costs and expenses incurred in a connection therewith, including but not limited to reasonable attorney's fees, expert witness fees and costs of defense directly or proximately resulting from licensee's acts or omissions, except to the extent that the City is the sole legal cause of said losses.

I agree that the City may suspend or revoke the Portable Sidewalk Sign Permit for any reason including, but not limited to proven violations of any provision of the Batavia City Code after providing at least three (3) days written notice, except in an emergency, to a licensee.

Signature of License Applicant: \_\_\_\_\_ Signature Date: \_\_\_\_\_

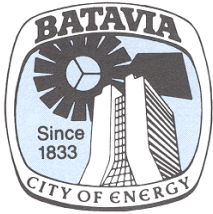
**Required Attachment**

- Certificate of General Liability Insurance naming the City of Batavia as an Additional Insured.

**PORTABLE SIGN PROGRAM VALID THROUGH AUGUST 16, 2011**

Office Use Only:
Filing Date: _____
Approval Date: _____
Permit Number: _____
Fee Paid: _____

Director of Community Development
_____ Date _____



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# *Building Permit Application*

Building Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Existing/Proposed Use of Property or Lease Space: \_\_\_\_\_

**Located in the Historic District or Landmark Structure:**  Yes  No

<input type="checkbox"/> <b>Miscellaneous Construction</b> <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Deck <input type="checkbox"/> Fence <input type="checkbox"/> Garage <input type="checkbox"/> Pool <input type="checkbox"/> Repair <input type="checkbox"/> Reroof <input type="checkbox"/> Shed <input type="checkbox"/> Siding <input type="checkbox"/> Sign <input type="checkbox"/> Window/Door Replacement <input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> <b>New Construction</b> <input type="checkbox"/> Single Family <input type="checkbox"/> Duplex <input type="checkbox"/> Townhome <input type="checkbox"/> Multifamily <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Public	Project Valuation _____ Building Valuation _____ Selling Price _____ Fire Sprinkler <input type="checkbox"/> Yes <input type="checkbox"/> No	Square Footage 1 <sup>st</sup> Floor _____ 2 <sup>nd</sup> Floor _____ Basement _____ Garage _____
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**For All Construction:** Describe the scope of work to be performed. Include plan drawings of the proposed improvements. Exterior construction and additions require a current plat of survey with the proposed improvements indicated. Specify all pertinent dimensions and notations for the proposed construction.

**For New Residential Construction:** Provide two (2) sets of plans and specifications, two (2) survey plats showing dimensions and locations of all existing and proposed improvements

**For New Commercial/Industrial & Public Construction:** Provide four (4) sets of plans and specifications and location of all existing and proposed improvements

Project Description:

*Provide a Physical Address for All Parties*

<b>Property Owner</b> Name: _____ Address: _____ City, State & Zip Code: _____ Phone: _____ Fax: _____ E-mail: _____	<b>General Contractor</b> Name: _____ Address: _____ City, State & Zip Code: _____ Phone: _____ Fax: _____ E-mail: _____
<b>Architect</b> Name: _____ Address: _____ City, State & Zip Code: _____ Phone: _____ Fax: _____ E-mail: _____	<b>Carpenter</b> Name: _____ Address: _____ City, State & Zip Code: _____ Phone: _____ Fax: _____ E-mail: _____
<b>Electrical Contractor</b> Name: _____ Address: _____ City, State & Zip Code: _____ Phone: _____ Fax: _____ E-mail: _____	<b>Heating Contractor</b> Name: _____ Address: _____ City, State & Zip Code: _____ Phone: _____ Fax: _____ E-mail: _____
<b>Plumbing Contractor</b> Name: _____ Address: _____ City, State & Zip Code: _____ Phone: _____ Fax: _____ E-mail: _____	<b>Roofing Contractor</b> Name: _____ Address: _____ City, State & Zip Code: _____ Phone: _____ Fax: _____ E-mail: _____
<b>Excavation Contractor</b> Name: _____ Address: _____ City, State & Zip Code: _____ Phone: _____ Fax: _____ E-mail: _____	The applicant hereby certifies to the correctness of above, and agrees to construct the above building or improvements in strict compliance with all provisions of the Building & Zoning Regulations of the City Code and amendments thereto.  _____ Signature of Property Owner, Applicant or Authorized Agent

**Office Use Only**

Application Filing Date: \_\_\_\_\_  
Fee Paid: \_\_\_\_\_  
Permit Issue Date: \_\_\_\_\_  
Permit Number Issued: \_\_\_\_\_

Conditional Use or Variance in effect?  Yes  No

\_\_\_\_\_  
Signature of Building Official