

SIGN PERMIT APPLICATION

City of Springdale Buildings Department
201 Spring Street
Springdale, AR 72764
Phone: 479.750.8154 Fax: 479.756.7701
mchamlee@springdalear.gov



Date Submitted: _____

Phone #: _____

Business Name: _____

Site Address: _____

Business Owner: _____

Sign Contractor: _____

Address: _____

Sign Information

Type of Sign (please circle all that apply):

NEW	ADDITION	ALTERATION
BILLBOARD	WALL	FREESTANDING

Lighted: No _____ Yes _____

If yes, Electrician name _____

Dimensions Length _____ Width _____ Height (from ground to top of sign) _____

Please attach a site plan indicating the location of the sign (including dimensions, set back, street names, etc.) and a drawing of the sign.

Property Owner/Sign Contactor's (as authorized representative of owner) Signature
**Business owner must provide proof of City Business License before permit is issued.*

FOR OFFICE USE ONLY

ZONING _____

BUSINESS LICENSE _____

INSPECTOR APPROVAL _____

APPROVAL DATE _____