



Searcy Inspection Department

300 West Arch Avenue Searcy, Arkansas 72143-5202

PHONE 501-279-1085

FAX 501-279-1084

APPLICATION FOR SIGN PERMIT

Date: _____

Contractor: _____ Phone: _____

Contractor Address: _____

Name of Property Owner: _____

Address of Sign Location: _____

*****Notice*****

80 Square Foot Limit Per Sign

(Some larger signs allowed on larger properties)

Type & Size of Sign: _____

Please attach or show on back of this form sign location sketch showing property lines.

Total Cost: _____

Permit Fee: _____

TOTAL PAID: _____

Notice: Separate permits are required for Building, Electrical, Plumbing and/or Gas, Fence and Sign work.

I hereby certify that information submitted on this application is true and correct. Any deviation from information given without prior approval will render the permit null and void.

Owner or Representative

City Inspector

Monthly Report _____
Billed _____

For additional information see sign ordinance 2008-31 under Code Enforcement at Searcy.com