CAPITOL ZONING DISTRICT COMMISSION
PERMIT APPLICATION FOR SIGNAGE

PROPERTY ADDRESS

PROPERTY OWNER

PERSON FILING APPLICATION
if other than owner, complete the Authorization of Representation statement provided.

APPLICANT PHONE ________________________ EMAIL ________________________

MAILING ADDRESS

APPLICANT SIGNATURE ________________________ DATE ________________________
Signature certifies that applicant is authorized to represent this property, and that all information presented in this application, as well as in any supporting materials, is true and correct to the best of the signatory’s knowledge.

DESCRIPTION OF PROPOSED WORK
This application is for signs.
Attach as many pages or supporting materials as necessary. An application is not complete until all applicable supporting materials have been submitted to staff. Electronic submittals (email, scanned documents, PDFs, digital images, etc.) are welcome. You may submit the application in person or by mail at 1100 North St., Little Rock, AR, or via email at capitol.zoning@arkansas.gov. Please call 501.324.9644 or email capitol.zoning@arkansas.gov if you need assistance.

What is the purpose of this sign? ________________________

Are there other signs on this parcel? Is so, attach photos of those signs.

Proposed sign dimensions: L______ W______ H______

How will the sign be mounted? Ground [ ] Wall [ ] Window [ ] Other (Explain) [ ]

Will this be a wall-mounted projecting sign? Y [ ] N [ ]

If yes, what will the distance be between the bottom of the sign and the ground?

Will the projecting sign be in the public right-of-way? Y [ ] N [ ]

How will the sign be lit? Internally [ ] External Direct [ ] Other (explain) [ ]

What is the proposed material of the sign? ________________________

Attach a drawing or rendering of the proposed sign(s) and its proposed location on the lot or building.
AFFIDAVIT

I, ___________________________________________ certify by my signature below that I hereby authorize ______________________________________ to act as my agent regarding the ___________________________ of the below described property.

Property described as:
__________________________________________
__________________________________________
__________________________________________
__________________________________________
__________________________________________
__________________________________________

Signature of Title Holder                               Date

Subscribed and sworn to me a Notary Public on this ________________ day of ____________________________.

______________________________
Notary Public

My Commission Expires:
__________________________________________