

# 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 \_\_\_\_\_\_

# DESCRIPTION OF PROPOSED WORK

### This application is for signs.

Attach as many pages or supporting materials as necessary. An application is not complete until <u>all</u> 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.

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

What is the purpose of this sign? \_\_\_\_\_

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.







# CAPITOL ZONING DISTRICT COMMISSION PERMIT APPLICATION FOR SIGNAGE

## AFFIDAVIT

l,c	certify	by my signature	e below that I	
hereby authorize		to act as my	agent regarding	
theo	of the	below described	property.	
Property described as:				
Signature of Title Holder		Dat	e	
Subscribed and sworn to me a Notary Public on t	this _		day of	
		Notary Public		

My Commission Expires:



