



City of Johnson

Sign Permit Application

PO Box 563 · 204 Main Drive
 Johnson, Arkansas 72741
 Phone: (479) 521-7291
 FAX: (479) 521-7292

NOTE: ALL APPLICATIONS MUST BE COMPLETELY FILLED OUT IN BLUE OR BLACK INK.

APPLICATION NUMBER	DATE	REVIEWED BY
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SIGN SITE ADDRESS _____
 NAME OF BUSINESS _____
 SELECT SIGN TYPE _____ TEMPORARY SIGN _____ PERMANENT SIGN
 APPLICANT NAME _____ ADDRESS _____
 PHONE _____ FAX _____ E-MAIL _____

CONTRACTOR NAME _____ ADDRESS _____
 PHONE _____ FAX _____ E-MAIL _____

--A SEPARATE ELECTRICAL PERMIT SHALL BE OBTAINED, IF APPLICABLE--
PERMANENT SIGNS

SIGN TYPE*	DIMENSIONS	INSTALLED HEIGHT	SIGN AREA	NUMBER OF SIDES x AREA x \$1/sf + \$10.00=	FEE
	ft x ft	ft	ft	sf	
	ft x ft	ft	ft	sf	
	ft x ft	ft	ft	sf	
	ft x ft	ft	ft	sf	

*Free-standing, wall, window, projecting, marquee, suspended, awning, or monument.

WALL AREA (IF APPLICABLE; WALL SIGNS CANNOT EXCEED 15% OF WALL AREA)

TEMPORARY SIGNS

SIGN TYPE*	DIMENSIONS	INSTALLED HEIGHT	SIGN AREA	DATE TO BE INSTALLED	DATE TO BE REMOVED
	ft x ft	ft	ft	sf	
	ft x ft	ft	ft	sf	
	ft x ft	ft	ft	sf	

*Real-estate, building construction, political, special event, yard sale, portable sign or portable banner.

SIGN APPLICATION REQUIRED ATTACHMENTS

___ TWO COPIES OF SCALED DRAWINGS OF EACH SIGN WITH SPECIFICATIONS. ___ COMPLETED APPLICATION
 ___ TWO COPIES OF SCALED DRAWINGS OF SITE PLAN. ___ FEE

THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 6 MONTHS AT ANY TIME AFTER WORK IS STARTED.

APPLICANT: I, THE UNDERSIGNED APPLICANT, DO HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT; AND THAT I HAVE THE AUTHORITY TO MAKE THIS APPLICATION. ALL PROVISIONS OF LAW AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER FEDERAL, STATE OR LOCAL LAW.

SIGNATURE: _____ **DATE:** _____

<input type="checkbox"/> PERMIT APPROVED	<input type="checkbox"/> PERMIT DENIED	REASON FOR DENIAL
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PLEASE RETURN THE ORIGINAL TO THE CITY OF JOHNSON