

Clarksville Light & Water

P.O. Box 1807

Clarksville, AR 72830

Phone: (479) 754-3148

Fax: (479) 705-1901

Sign Installation Application

Sign Owner: _____

Building Contractor: _____

Current Mailing Address:

Current Mailing Address:

Phone # () _____

Phone# () _____

Contractors #: _____

Type of Sign: On-premises Sign Off-premises Sign

Property Owner (if different from sign owner): _____

Construction Location: _____

Zone of Property: R-1 R-2 R-3 R-4 C-1 C-2 C-3 I-1 I-2 A-1

***Application must be accompanied by a scale drawing showing lot lines, setbacks from proposed sign to property lines, existing utility easements and lighting and construction design details.**

*I hereby submit this & accompanying documents for review & verify the above information is correct to the best of my knowledge & furthermore, upon receipt of a City issued sign permit, agree to comply with current City adopted sign codes; a copy of which I have received and reviewed:

Signature: _____

Date: _____

For City Use Only

Length of Building Facade: _____

Existing Sign Sq. Ft: _____

Lot Frontage Measurement: A. _____ B. _____ C. _____ D. _____

I have reviewed this application and accompanying documents and hereby approve the installation:

Inspector: _____

Fee: _____

Date: _____