

***APPLICATION FOR SIGN
PERMIT
CITY OF GASSVILLE***

***P O BOX 28
GASSVILLE, ARKANSAS 72635***

DATE: _____

NAME OF APPLICANT: _____

ADDRESS: _____

PHONE: _____

SIGN ON PREMISES _____ ***SIGN OFF PREMISES*** _____

SIZE OF SIGN _____

WORDING ON SIGN: _____

***PLEASE ENCLOSE SKETCH OF SIGN SHOWING WORKING AND
ACTUAL SIZE.***

***I HAVE READ ORDINANCE 2004-10, "THE SIGN ORDINANCE"
AND HAVE RECEIVED A COPY OF SUCH.***

SIGNATURE OF APPLICANT