



Searcy Inspection Department

300 West Arch Avenue Searcy, Arkansas 72143-5202

PHONE 501-279-1085

FAX 501-279-1084

APPLICATION FOR TEMPORARY SIGN PERMIT

Date: _____

Name of Business: _____ Phone: _____

Name of Property Owner: _____

Address of Property: _____

Dates Sign will be displayed: _____ until _____

Permit Fee: \$15.00

TOTAL PAID: _____

I hereby certify that information submitted on this application is true and correct. Any deviation from information given without prior approval will render the permit null and void.

Owner or Representative

City Inspector

Monthly Report _____
Billed _____