



CITY OF
Siloam Springs
It's a natural

Office Use Only

Permit Number: _____

**CITY OF SILOAM SPRINGS
APPLICATION TO PLACE SIGN OR BANNER ABOVE RIGHT-OF-WAY**

ORGANIZATION: _____

NAME OF PERSON SUBMITTING APPLICATION: _____

ADDRESS: _____

CONTACT NUMBER(S): _____

REQUESTED DATE(S) OF DISPLAY: _____

REQUESTED LOCATION(S) OF DISPLAY: _____

SIZE/TYPE OF SIGN CONSTRUCTION: _____

WORDING ON SIGN: _____

Signature/Applicant

DATE: _____

REVIEWED BY:

PERMIT TECHNICIAN _____ DATE: _____

ELECTRIC DEPARTMENT _____ DATE: _____

COMMENTS: _____

APPROVED _____

DENIED _____

APPEAL TO BOARD OF DIRECTORS REQUESTED? YES _____ NO _____