



**ARKANSAS DEPARTMENT OF TRANSPORTATION  
Billboard Sign Control Program  
Application**

Application is hereby made for a Permit to erect and/or maintain an advertising sign in accordance with the provisions of Act 640 of the 1967 Arkansas Legislature and in accordance with the rules and regulation established thereunder by the State Highway Commission.

<b>-For Official Use Only-</b>	
Application No.	_____
Permit No.	_____
Decal No.	_____
County	_____

**PLEASE PRINT OR TYPE**

Name of Business/Facility _____	Phone _____		
Name of Applicant/Owner/Manager _____	Email Address _____		
Business Mailing Address _____	City _____	State _____	Zip Code _____

**PURPOSE OF APPLICATION**

New Construction(How is location marked – stake, flag, etc.?) \_\_\_\_\_

Existing Sign, Old Permit No. \_\_\_\_\_  Enlarge Existing Sign

Add Illumination to Existing Sign  Re-erect Existing Sign

Enlarge Existing Sign  Other \_\_\_\_\_

**SIGN LOCATION DATA**

Highway \_\_\_\_\_ County \_\_\_\_\_ Nearest City/Town \_\_\_\_\_

Geographical Location (Decimal Degrees): Latitude \_\_\_\_\_ Longitude \_\_\_\_\_

Side of Highway (N, S, E, W) \_\_\_\_\_ Number of Intersecting State or U.S. Highway \_\_\_\_\_

Direction from Intersecting Highway (N, S, E, W) \_\_\_\_\_

Distance from Intersecting Highway (Miles/Tenths) \_\_\_\_\_

Name of Landowner _____	Mailing Address _____
City _____	State _____ Zip _____ Phone _____

**DESCRIPTION OF SIGN**

Facing: Height \_\_\_\_\_ Width \_\_\_\_\_ Lighting:  Illuminated  Non-illuminated

Arrangement of Facing:  Single sided  Back-to-back  "V" Type  Side by side  Double decked

Tri-vision  Electronic Message Display (EMD)  Other \_\_\_\_\_

Number of Support Poles: \_\_\_\_\_ Support Pole Material:  Wood  Metal  Other \_\_\_\_\_

**\*\*\*APPLICANT CONTINUE TO PAGE 2\*\*\***

**-FOR OFFICAL USE ONLY-**

Highway _____	Section _____	Log Mile _____	County _____
Inspector _____	Date Inspected _____	Date Approved _____	Date Denied _____
Permit No. _____	Application No. _____		
Check No. _____	Check Amount _____	Installation Fee _____	Annual Maint. Fee _____



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ZONING AND LAND USE OF SIGN LOCATION

Is the location within the corporate limits of a city or town? [ ] Yes [ ] No
How is the location legally zoned? [ ] Commercial [ ] Industrial [ ] Residential [ ] Other
Is City Building Permit or Sign Permit required? [ ] Yes [ ] No
Is the location within 600 feet of any business? [ ] Yes [ ] No If yes, business name

ATTACH WRITTEN VERIFICATION OF ZONING AND A COPY OF CITY BUILDING OR SIGN PERMIT

ON-CALL CONTACT PERSON

Name of Contact Person Title
Office Phone Cell Phone

REQUIRED ATTACHMENTS

- Enclose a copy of lease or the attached property owner permission statement for the erection and/or maintenance of this sign.
Enclose a diagram or satellite image of the proposed sign location in relation to intersecting routes (include direction of travel and measurements).
If the property is zoned, enclose a letter from the Zoning Authority stating the zoning classification.
If the property requires a building or sign permit, enclose a copy of the permit dated within 30 days of the application date.
Enclose a check or money order made payable to the Arkansas Department of Transportation, in the amount of \$40.00.

Please submit application to the Arkansas Department of Transportation, Right of Way Division, P.O. Box 2261, Little Rock, AR 72203.

CERTIFICATION

I certify that these statements are true and correct and that my business complies with all applicable laws concerning public accommodations without regard to race, religion, color, age, sex, disability, or national origin, and shall comply with all applicable health and sanitation laws and must possess any required local permits or licenses.

I further understand that any falsification or misrepresentation of the statements in this application may result in the denial of the application or the revocation of my permit.

Applicant Name (Please Print): Title

Applicant Signature: Date: