

CITY OF ARCHER, FLORIDA

APPLICATION FOR PLACING A SIGN ON CITY PROPERTY

Date: _____

1. Applicant:

Name: _____ Telephone: _____

Mailing Address: _____

City/State/Zip Code: _____

Signature: _____

2. PURPOSE AND DESCRIPTION OF SIGN: (Attach Drawing w/ Dimensions)

<input type="checkbox"/> Temporary <input type="checkbox"/> Permanent	<input type="checkbox"/> Ground <input type="checkbox"/> Building
---	---

3. REQUESTED LOCATION FOR SIGN Name of Property _____

Address of Property _____ R-O-W? Yes No

Location of Sign Placement _____

4. APPROVED DISAPPROVED City Manager _____

Discussion _____

