



The Star
In East Texas

THE CITY OF JACKSONVILLE

APPLICATION FOR SIGN PERMIT

DATE: _____ ADDRESS: _____

TENANT: _____ SQUARE FOOTAGE: _____

TYPE OF SIGN: _____

ATTACH OR SHOW DRAWING OF SIGN:

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SIGN CONTRACTOR: _____

MAILING ADDRESS: _____

SIGN BY: _____

ZONE: _____ DATE INSPECTED: _____

APPROVED BY: _____

VALUATION OF SIGN: _____ PERMIT FEE: _____

THIS SIGN PERMIT IS VALID FOR A PERIOD OF 6 MONTHS