

City of Bryant, Arkansas  
Code Enforcement, Permits and Inspections  
312 Roya Lane  
Bryant, Ar 72022  
501-943-0943

Wall  
Sign

SIGN PERMIT APPLICATION

Applicants are advised to read the sign ordinance prior to completing and signing this form. The Sign Ordinance is available at [www.cityofbryant.com](http://www.cityofbryant.com)

Site plan showing placement of sign and any existing signs on the property. A rendering of sign showing correct dimensions of all signs are required with application. Additional documentation may be required by Sign Administrator.

Date: 4/2/20

Note: Electrical permits may be Required, Please contact the Permits Office at 501-943-0943 for more information.

SIGN CO. OR  
SIGN OWNER

Name Conroy Signs  
Address 1107 E. Harding  
City, State, Zip Pine Bluff AR 71601  
Phone 870-534-5210

PROPERTY OWNER

Name Justin Franks  
Address 9721 Congo Rd  
City, State, Zip Benton AR 72019  
Phone 501-847-9797

Alternate Phone \_\_\_\_\_

Alternate Phone \_\_\_\_\_

GENERAL DETAILS

Name of Business EyeCare Center of Saline County

SIGN TYPE

Pole  Monument

Address/Location of sign 3345 Hull 5

Wall

Other (type) \_\_\_\_\_

Sign dimensions (height, length, width) \_\_\_\_\_

Total sq. ft. 53.69

Zoning Classification \_\_\_\_\_

Aggregate Surface Area (total all signs) 125.69

Height of sign from lot surface: Bottom \_\_\_\_\_

Top \_\_\_\_\_

READ CAREFULLY BEFORE SIGNING

I Heri Stewart, do hereby certify that all information contained within this application is true and correct. I fully understand that the terms of the Sign Ordinance supersede the Sign Administrator's approval and that all signs must fully comply with all terms of the Sign Ordinance regardless of approval. I further certify that the proposed sign is authorized by the owner of the property and that I am authorized by the property owner to make this application. I understand that no sign may be placed in any public right of way. I understand that I must comply with all Building and Electrical Codes and that it is my responsibility to obtain all necessary permits.

Heri Stewart 4/2/20  
Applicant's Signature Date

\_\_\_\_\_  
Sign Administrator (or Designee) Approval Date

Logo = 21.18" x 50.25" (7.4 sq ft)  
EyeCare Center = 27.39" x 182.64" (34.7 sq ft)  
of Saline County = 9.62" x 173.5" (11.59 sq ft)

~~125.69~~ w/  
pole sign  
156.98

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Pole Sign  
Face replacement

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City, State, Zip Pine Bluff AR  
Phone 870-534-5210

**PROPERTY OWNER**

Name Justin Franks  
Address 9721 Congo Rd  
City, State, Zip Benton AR  
Phone 501-847-4797

Alternate Phone \_\_\_\_\_

Alternate Phone \_\_\_\_\_

**GENERAL DETAILS**

Name of Business Eye Care Center of Saline County  
Address/Location of sign 3345 Hwy 5

**SIGN TYPE**

Pole  Monument

Sign dimensions (height, length, width) 72" x 144" x 31.25"

Wall  
 Other (type) \_\_\_\_\_  
Total sq. ft. 103.3

Zoning Classification \_\_\_\_\_ Aggregate Surface Area (total all signs) 1516.98 w/ wall sign

Height of sign from lot surface: Bottom 242", 177" Top 312", 210"

**READ CAREFULLY BEFORE SIGNING**

I Ken Steuava, do hereby certify that all information contained within this application is true and correct. I fully understand that the terms of the Sign Ordinance supersede the Sign Administrator's approval and that all signs must fully comply with all terms of the Sign Ordinance regardless of approval. I further certify that the proposed sign is authorized by the owner of the property and that I am authorized by the property owner to make this application. I understand that no sign may be placed in any public right of way. I understand that I must comply with all Building and Electrical Codes and that it is my responsibility to obtain all necessary permits.

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Date

Sign Administrator (or Designee) Approval

Date