

#384

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

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

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: 12/30/2020

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

SIGN CO. OR
SIGN OWNER

Name L. Graphics

Address 701 N. Reynolds Rd

City, State, Zip Bryant, AR 72022

Phone (501) 653-4444

Alternate Phone 501-773-8544

PROPERTY OWNER

Name Alan Nguyen

Address 4909 Hwy 5 N. #700

City, State, Zip Bryant, AR 72022

Phone (501) 765-7689

Alternate Phone _____

GENERAL DETAILS

Name of Business AR Family Dental

Address/Location of sign 4909 Hwy 5 N #700

Sign dimensions (height, length, width) 36" x 144"

Zoning Classification _____ Aggregate Surface Area (total all signs) _____

Height of sign from lot surface: Bottom 20 Top 23

SIGN TYPE

Pole Monument

Wall
 Other (type) _____

Total sq. ft. 36

READ CAREFULLY BEFORE SIGNING

I, Joe Lam, 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.

Applicant's Signature _____

Date 12/30/2020

Sign Administrator(or Designee) Approval _____

Date _____

144 in

BRYANT FAMILY
DENTISTRY

36 in

12 in

12 in

