

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: 1/6/2021

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

SIGN CO. OR
SIGN OWNER

Name Sarah Williams

Address 22461 Interstak 30 Suite 402

City, State, Zip Bryant, AR 72022

Phone 501-481-8800

Alternate Phone 501-831-0381

PROPERTY OWNER

Name JAA Properties LLC / J. Hoover

Address 22461 Interstak 30 Suite 401

City, State, Zip Bryant, AR, 72022

Phone 501-554-6574

Alternate Phone _____

GENERAL DETAILS

Name of Business Assurance Health & Wellness Clinic

SIGN TYPE

____ Pole ____ Monument

Address/Location of sign 22461 Interstak 30 Suite 402 Bryant Wall

Sign dimensions (height, length, width) Ht: 36in, L: 60in, W: 60in Other (type) _____

Total sq. ft. 15 sqft

Zoning Classification Commercial

Aggregate Surface Area (total all signs) 15 sqft

Height of sign from lot surface: Bottom 10ft

Top 13ft

READ CAREFULLY BEFORE SIGNING

I, Sarah Williams, 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.

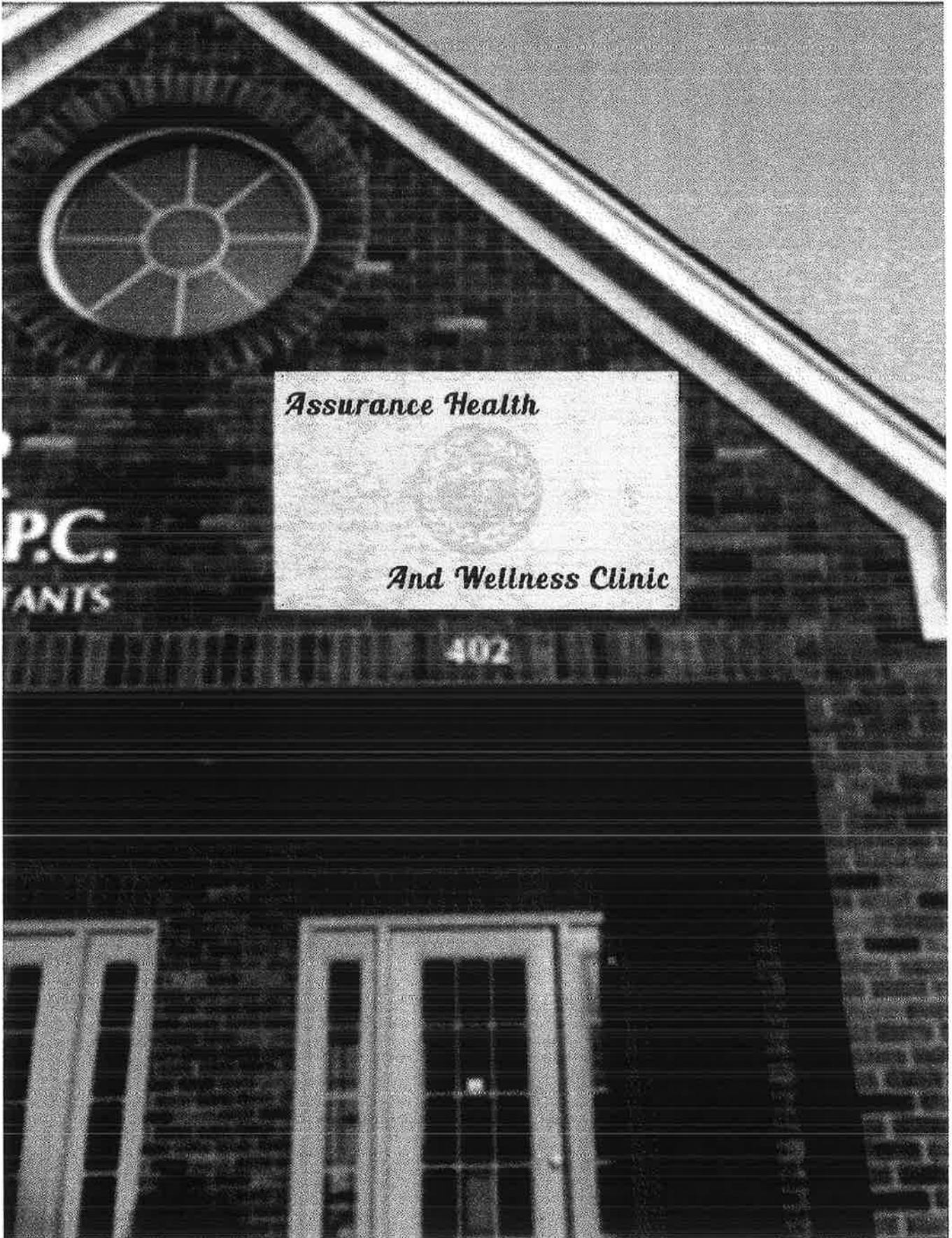
Applicant's Signature [Signature]

Date 1/6/2021

Sign Administrator (or Designee) Approval _____

Date _____

[Signature]



Assurance Health



And Wellness Clinic

P.C.
ANTS

402

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