

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](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: 3/30/21

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

**SIGN CO. OR  
SIGN OWNER**

Name SEIZ SIGN CO.

Address 1231 CENTRAL AVE

City, State, Zip HOT SPRINGS, AR 71901

Phone 501-623-3181

Alternate Phone 501-282-4126

**PROPERTY OWNER**

Name CLINT FULKS

Address 3316 HWY 5 N - STE 1

City, State, Zip BRYANT, AR 72019

Phone 501-847-6453

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

**GENERAL DETAILS**

Name of Business RAYMOND JAMES

Address/Location of sign 3316 HWY 5 N - STE 2

Sign dimensions (height, length, width) 5' x 10'

Zoning Classification \_\_\_\_\_ Aggregate Surface Area (total all signs) \_\_\_\_\_

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

**SIGN TYPE**

Pole  Monument

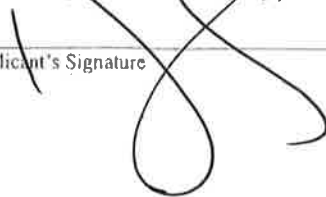
Wall

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

Total sq. ft. 50

**READ CAREFULLY BEFORE SIGNING**

I ROMNEY SKIPPER, 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 3/30/21

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

Date \_\_\_\_\_



**Job Ticket Number:** 1020

**Salesperson:** Ronny - ronny@seizsigns.com

**Start Date:** 02/04/21

**Customer/Folder:** Raymond James

**File:** RaymondJamesBryant\_SideCabinet\_PROOF

**Last Revision:**

--	--	--	--	--

Seiz Sign Company 1231 Central Ave. Hot Springs, AR 71901 Phone: 501-623-3181 Fax: 501-623-4594 www.seizsigns.com



1 SF - 60" x 120" Cabinet

**Production**

**Designer:** Wesley - wesley.c@seizsigns.com

**Quantity:** 1 SF

**Substrate:**

**Production Notes:**

**Conditions & Approval**

1. The client is responsible for content accuracy. Please proof the text, dimensions, and layout carefully. 2. Colors are representative only. There are variations in color between sign printing and paper printers. 3. All designs presented are the sole property of Seiz Sign Company, and may not be reproduced in part or whole without written permission from Seiz Sign Company. 4. By signing below you agree that all artwork is correct and give Seiz Sign Company permission to begin production.

Client Approval \_\_\_\_\_

Date \_\_\_\_\_