



Bryant Development and Review Committee Meeting

Boswell Municipal Complex - City Hall Conference Room

210 SW 3rd Street

Date: December 19, 2024 - **Time:** 9:00 AM

Call to Order

Old Business

1. 2711 Springhill Road - Rezoning C-1 to C-2

Mohammad Tariq - Requesting Recommendation for Rezoning from C-1 to C-2

- [0930-APP-01.pdf](#)

2. 2711 Springhill Road - Conditional Use Permit

Mohammad Tariq - Requesting Recommendation for Approval of CUP for the use of Automobile Sales & Leasing - Small Lot

- [0931-APP-01.pdf](#)

New Business

3. Five Star Fireworks - Temporary Business License

Mark Bradford - Requesting Approval for Temporary Business License for Firework Stands at the Following Locations: (1) 5407 Hwy 5, (2) 23395 I-30 Frontage Road

- [0932-APP-01.pdf](#)
- [0933-APP-01.pdf](#)

Staff Approved

4. Sonic - 2313 N Reynolds Road - Sign Permit

Seiz Sign Company - Requesting Sign Permit Approval - STAFF APPROVED

- [93186-SGNAPP-01.pdf](#)

5. The Well - 21941 I-30 - Sign Permit

Arkansas Sign and Neon - Requesting Sign Permit Approval - STAFF APPROVED

- [93189-SGNAPP-01.pdf](#)

6. Alcoa Chiropractic - 711 W Commerce - Sign Permit

Southpaw Designs - Requesting Sign Permit Approval - STAFF APPROVED

- [93230-SGNAPP-01.pdf](#)

Permit Report

Adjournments



City of Bryant, Arkansas
Community Development
210 SW 3rd Street Bryant, AR 72022
501-943-0943

Rezoning Application

Applicants are advised to read the Amendments section of Bryant Zoning Code prior to completing and signing this form. The Zoning Code is available at www.cityofbryant.com under the Planning and Community Development tab.

Date: 11.12.24

Applicant or Designee:

Property Owner (If different from Applicant):

Name Mohammad Tariq Name _____
Address 2711 - Spring Hill Rd Address _____
Phone 917-375-5185 Phone _____
Email Address Tariq.mawab0786@gmail.com Email Address _____

Property Information:

Address 2711 - Spring Hill Rd

Parcel Number 840 11980-000

Existing Zoning Classification _____

Requested Zoning Classification _____

Legal Description (If Acreage or Metes and Bounds description, please attach in a legible typed format)

Application Submission Checklist:

- ☐ Letter stating request of zoning change from (Current Zoning) to (Requested Zoning) and to be placed on the Planning Commission Agenda
- ☐ Completed Rezoning Application
- ☐ Rezoning Application Fee (\$40 fee for lot and block descriptions or \$125 for acreage or metes and bound descriptions)
- ☐ If someone, other than the owner, will be handling the zoning process, we will require a

letter from the owner of said property, giving him or her authority to do so.

- ☐ Recent surveyed plat of the property including vicinity map

Additional Requirements:

*Items below **must be completed before the public hearing can occur.** Failure to provide notices in the following manners shall require delay of the public hearing until notice has been properly made.*

- ☐ Publication: Public Notice shall be published by the applicant at least one (1) time fifteen (15) days prior to the public hearing at which the rezoning application will be heard. Once published please provide a proof of publication to the Community Development office. (Sample notice attached below)
- ☐ Posting of Property: The city shall provide signs to post on the property involved for the fifteen (15) consecutive days leading up to Public hearing. One (1) sign is required for every two hundred (200) feet of street frontage.
- ☐ Notification of adjacent landowners: Applicant shall attempt to inform by certified letter, return receipt requested, all owners of land within three hundred (300) feet of any boundary of the subject property of the public hearing. (Sample letter attached below)
- ☐ Certified list of property owners, all return receipts, and a copy of the notice shall be provided to the Community Development Department at least five (5) days prior to the public hearing.

Note: that this is not an exhaustive guideline regarding the Conditional Use Permit Process. Additional information is available in the Bryant Zoning Ordinance.

READ CAREFULLY BEFORE SIGNING

I, Mohammod Tam'iz, do hereby certify that all information contained within this application is true and correct. I further certify that the owner of the property authorizes this proposed application. I understand that I must comply with all City Codes that pertain to this project and that it is my responsibility to obtain all necessary permits as needed.

SAMPLE LETTER

Date

Name

Address

RE: Rezoning Petition

The property located at 2711 Springhill Rd is being considered for rezoning from _____ to _____. The property is more particularly described as follows:

INSERT LEGAL DESCRIPTION OF PROPERTY

An application has been filed with the City of Bryant Planning Commission to rezone the property. As part of this process, a public hearing will be held on Monday _____, 2021 at 6:00 PM in the Boswell Community Center Courtroom, 210 SW 3rd Street, Bryant, AR 72022.

Public comments will be accepted at that time regarding this rezoning. Since you own property within 300 feet of the property in consideration, you have been sent this letter via certified mail as required by city ordinance.

Should you have any questions regarding this matter you may contact the City of Bryant at 501-943-0488 or by contacting me at _____.

Thank you for your consideration in this matter.

Sincerely,

Your Signature

Your Name

NOTICE OF PUBLIC HEARING

A public hearing will be held on Monday, _____ at 6:00 P.M.
at the Bryant City Office Complex, 210 Southwest 3rd Street, City of Bryant, Saline
County, for the purpose of public comment on a rezoning request at the site of
_____ (address).

A legal description of this property can be obtained by contacting the Bryant Community
Development Department.

Lance Penfield
Bryant Planning Commission

*This notice is to be run in the legal notices section of the Saline Courier
no less than 15 days prior to the public hearing.*



City of Bryant, Arkansas
Community Development
210 SW 3rd Street Bryant, AR 72022
501-943-0943

Conditional Use Permit Application

Applicants are advised to read the Conditional Use Permit section of Bryant Zoning Code prior to completing and signing this form. The Zoning Code is available at www.cityofbryant.com under the Planning and Community Development tab.

Date: 11/11/21

Applicant or Designee:

Name Mohammad Tariq
Address 9000 Naples Cv
Phone 917 375 5185
Email Address: ah23992@gmail.com

Property Owner (If different from Applicant):

Name _____
Phone _____
Address _____
Email Address _____

Project Location:

Property Address 2711 Springhill Rd
Bryant, AR, 72022
Parcel Number _____
Zoning Classification C2 automobile
sale and leasing
small lot

Additional Information:

Legal Description (Attach description if necessary)

automobile sale and leasing small lot less than
1 acre

Description of Conditional Use Request (Attach any necessary drawings or images)

Proposed/Current Use of Property was wood shop currently empty

Application Checklist

Requirements for Submission

- ☐ Letter stating request of Conditional Use and reasoning for request
- ☐ Completed Conditional Use Permit Application
- ☐ Submit Conditional Use Permit Application Fee (\$125)
- ☐ Submit Copy of completed Public Notice
- ☐ Publication: Public Notice shall be published at least one (1) time fifteen (15) days prior to the public hearing at which the variance will be heard. Once published please provide a proof of publication to the Community Development office.
- ☐ Posting of Property: The city shall provide a sign to post on the property involved for the fifteen (15) consecutive days leading up to Public hearing. One (1) sign is required for every two hundred (200) feet of street frontage.
- ☐ Submit eight (8) Copies of the Development Plan (Site Plan) showing:
 - Location, size, and use of buildings/signs/land or improvements
 - Location, size, and arrangement of driveways and parking. Ingress/Egress
 - Existing topography and proposed grading
 - Proposed and existing lighting
 - Proposed landscaping and screening
 - Use of adjacent properties
 - Scale, North Arrow, Vicinity Map
 - Additional information that may be requested by the administrative official due to unique conditions of the site.

Once the application is received, the material will be reviewed to make sure all the required information is provided. The applicant will be notified if additional information is required. The application will then go before the Development and Review Committee (DRC) for a recommendation to the Planning Commission. A public hearing will be held at this meeting for comments on the Conditional Use. After the public hearing, the Planning Commission will make a decision on the use.

Note: that this is not an exhaustive guideline regarding the Conditional Use Permit Process. Additional information is available in the Bryant Zoning Ordinance.

READ CAREFULLY BEFORE SIGNING

I Mohamed Tary, do hereby certify that all information contained within this application is true and correct. I further certify that the owner of the property authorizes this proposed application. I understand that I must comply with all City Codes and that it is my responsibility to obtain all necessary permits required.

NOTICE OF PUBLIC HEARING

A public hearing will be held on Monday, _____ at 6:00 P.M.
at the Bryant City Office Complex, 210 Southwest 3rd Street, City of Bryant, Saline
County, for the purpose of public comment on a conditional use request at the site of
_____ (address).

A legal description of this property can be obtained by contacting the Bryant Department
of Community Development.

Lance Penfield
Chairman of Planning Commission
City of Bryant

*This notice is to be run in the legal notices section of the Saline Courier
no less than 15 days prior to the public hearing.*



City of Bryant, Arkansas
Community Development
210 SW 3rd Street Bryant, AR 72022
501-943-0943



Temporary Business Application For the Sale of Fireworks

- Applications are due by 5:00PM Wednesday the week prior to the Scheduled Development and Review Committee Meeting.
- Application Deadlines and dates can be found at www.cityofbryant.com under the Community Development tab.

Date: 12-10-24

Business Information:

Name Fire Star Fireworks
Federal Tax Employer ID Number 453216207
Arkansas State Sales Tax Number 55025123-SLS
Location of Proposed Temporary Business 23395 I 30

Business Owner:

Name Mark Bradford
Address 17 Ashlee Blvd
Nash, Tx 75569
Phone 903-826-4453
Email imafreely76@gmail.com

Contact Person:

Name _____
Address _____
Phone _____
Email _____

Checklist for Submission

- ☒ Completed Application and Checklist
- ☒ Twenty-Five Dollar (\$25.00) Application fee
- ☒ Provide proof of 1,000,000 Liability Insurance or Surety Bond worth the same amount.
(Further information on the details of liability insurance can be found in Section 2-4 of the Temporary Business Section of the Bryant Business Ordinance.)

(Continued on Page 2)

- ☐ Eight (8) copies of a **Site Plan**:
 - Site Plan shall be to scale, all structures shall be identified. Clear identification of any open display areas
 - Fireworks tent / canopy shall have a minimum 50ft. setback from all other structures
 - Show parking spaces dedicated by the owner of the property for use by the temporary business.
- ☐ Exits shall be provided every 100 ft. with a minimum of 2 remotely located exits
Minimum exit width shall be 72 in. All exits shall be identified with proper signage
- ☐ No smoking permitted within 50 ft. of firework tent / canopy. "NO SMOKING" signs shall be posted at all entrance / exits
- ☐ 2 ABC fire extinguishers, with a 2A rating or greater, shall be provided. The maximum travel distance to an extinguisher shall not exceed 75 ft. Additional extinguishers may be required. Extinguishers shall be clearly visible, marked with appropriate signage, and mounted height of not less than 36 in. from the ground
- ☐ Generators or other combustion power sources, including fuel, shall be separated from tents / canopies by a minimum of 25 ft.
- ☐ Applicant shall contact the Bryant Fire Dept. Fire Marshal's office and schedule an inspection once the business is ready for operation. The inspection shall be conducted prior to any sales to the public are allowed. Contact: 501-943-0964

READ CAREFULLY BEFORE SIGNING

I _____, do hereby certify that all information contained within this application is true and correct. I further certify that I agree too and will abide by all Temporary Business rules and regulations as outlined in the Bryant Business Ordinance. I also understand that I shall comply with all additional applicable ordinances of the City as well as the requirements of all state and federal laws. Furthermore, I understand violation of Temporary Business Ordinance 2007-43 is a misdemeanor punishable by a fine of up to \$500.00 per occurrence of violation. Each day's occurrence is a separate violation.

Owners Signature _____

Jennifer J. Sano



City of Bryant Community Development
210 SW 3rd Street
Bryant, AR 72022
PHONE: 501-943-0857
FAX: 501-943-0992
EMAIL: tsmith@cityofbryant.com

Temporary Business Application and Information

- Applications are due by 5:00 Pm Wednesday the week prior to the scheduled Development Review Committee meeting.
- Application deadlines and meeting dates can be found on the City of Bryant's website under the Planning and Community Development page or by clicking [HERE](#).

Requirements for Submission

- ☒ Letter stating your request
- ☒ Complete and submit a Temporary Business Application
- ☒ Submit \$25.00 application fee
- ☒ Submit 8 copies of **site plan** showing:
 - ☒ Exact location of proposed temporary business including setbacks from streets or highway right-of-way.
 - ☒ Clearly identifying any open display areas.
 - ☒ The parking spaces to be dedicated by the owner of the property for use by this temporary business.
- ☒ Submit a letter from the property owner stating that they are in agreement with the site plan. *On File*
- ☐ If food establishment – show approval from **Arkansas Department of Health**.
- ☒ Provide \$1,000 surety bond made payable to City of Bryant conditioned for faithful performance of the payment of all applicable fees and penalties.

On File

Temporary Business Application

City of Bryant

Date: 12/8/24
Name of Business: FIVE Star Fireworks
Federal Tax Employer Identification Number: 453216207
Arkansas State Sales Tax Number: 55025123-SLS
Type of Business: Retail Sales
Location of proposed Temporary Business: 23395 I-30
Parcel Number of Location of proposed Temporary Business: N/A
Owner Mailing Address: 17 Ashlee Blvd Nash, Tx 75569
Contact Person: Mark Bradford
Daytime Phone Number: 903-826-4453 Evening Phone Number: SAME

Please check the category you are applying for. Permits cannot exceed the following time limits:

<input checked="" type="checkbox"/>	Carnivals	30 Days
<input type="checkbox"/>	Fireworks stands or tents	30 Days
<input type="checkbox"/>	Christmas tree stands, tents or lots	60 Days
<input type="checkbox"/>	General commercial sales stands, tents or lots	90 Days
<input type="checkbox"/>	Concession/Refreshment stands/Food Service	180 Days

Beginning Date Requested December 15TH 2024 Ending Date Requested JANUARY 4, 2025

I hereby certify the above to be true and correct, and state that I am operating a business in accordance with the city's zoning regulations and/or any other city, state, or federal laws which may be applicable. I understand violation of Temporary Business Ordinance 2007-43 is a misdemeanor punishable by a fine of up to \$500.00 per occurrence of violation. Each day's occurrence is a separate violation. No temporary business may operate for more than 180 days during any consecutive 12-month period.

Owners Signature Mark Bradford



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/19/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Ryder Rosacker McCue & Huston (MGD by Hull & Company) 509 W Koenig St Grand Island NE 68801	CONTACT NAME: Kristy Wolfe	
	PHONE (A/C, No, Ext): 308-382-2330	FAX (A/C, No): 308-382-7109
INSURED Mark Bradford Five Star Fireworks 17 Ashlee Blvd Nash TX 75569	E-MAIL ADDRESS: kwolfe@ryderinsurance.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: SCOTTSDALE INS CO	
	INSURER B:	
	INSURER C:	
	INSURER D:	
INSURER E:		
INSURER F:		
NAIC # 41297		

COVERAGES

CERTIFICATE NUMBER: 800092181

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			CPS4077941	6/12/2024	6/12/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Regarding the General Liability coverage, Waiver of Subrogation applies to the entities listed below per attached form CG 24 04 when required by written agreement.
Regarding the General Liability coverage, Blanket Additional Insured applies to the entities listed below per attached form GLS-150s when required by written agreement.
Fireworks Retail Stand Locations:
1527 Airport Road, Hot Springs, AR 71913
5601 Central Avenue, Hot Springs, AR 71913
1880 1/2 Airport Road, Hot Springs, AR 71913
See Attached...

CERTIFICATE HOLDER

City of Bryant AR
210 SW 3rd St
Bryant AR 72022

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

AGENCY CUSTOMER ID: _____
LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Ryder Rosacker McCue & Huston (MGD by Hull & Company)		NAMED INSURED Mark Bradford Five Star Fireworks 17 Ashlee Blvd Nash TX 75569
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

271 1/2 Airport Road, Hot Springs, AR 71913
4761 Malvern Road, Hot Springs, AR 71913
3697 Malvern Road, Hot Springs, AR 71913
3211 Albert Pike Road, Hot Springs, AR 71913
2511 Albert Pikes Road, Hot Springs, AR 71913
107 Mt. Pine Road, Hot Springs, AR 71913
3822 AR-7, Hot Springs, AR 71919
3970 Park Park Ave, Fountain Lake, AR 71901
1656 1/2 Industrial Road, Rockport, AR 72104
#5 Caddo Crossing Drive, Glenwood, AR 71943
823 Central Avenue Stamps, AR 71860
23395 I-30 Bryant, AR 72022
5407 Hwy 5, Bryant, AR 72022
12 Evans Road, Cabot, AR 72023
16925 I-30, Benton, AR 72015

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY
CG 24 04 05 09

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Name Of Person Or Organization:

Any person or organization with whom the insured has agreed to waive rights of recovery, provided such agreement is made in writing and prior to the loss.

Additional Premium is Included

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph 8. **Transfer Of Rights Of Recovery Against Others To Us** of Section IV - Conditions:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.



ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE DATE (12:01 A.M. STANDARD TIME)	NAMED INSURED	AGENT NO.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

BLANKET ADDITIONAL INSURED ENDORSEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

With respect to this endorsement, **SECTION II—WHO IS AN INSURED** is amended to include as an additional insured any person or organization whom you are required to add as an additional insured on this policy under a written contract, written agreement or written permit which must be:

- a. Currently in effect or becoming effective during the term of the policy; and
- b. Executed prior to the "bodily injury," "property damage," or "personal and advertising injury."

The insurance provided to these additional insureds is limited as follows:

1. That person or organization is an additional insured only with respect to liability for "bodily injury," "property damage" or "personal and advertising injury" caused, in whole or in part, by:
 - a. Your acts or omissions; or
 - b. The acts or omissions of those acting on your behalf.

A person's or organization's status as an additional insured under this endorsement ends when your operations for that additional insured are completed.

2. With respect to the insurance afforded to these additional insureds, the following exclusions are added to item **2. Exclusions** of **SECTION I—COVERAGES**:

This insurance does not apply to "bodily injury," "property damage" or "personal and advertising injury" occurring after:

- a. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
 - b. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.
3. The limits of insurance applicable to the additional insured are those specified in the written contract, written agreement or written permit or in the Declarations for this policy, whichever is less. These limits of insurance are inclusive of, and not in addition to, the Limits of Insurance shown in the Declarations for this policy.
 4. Coverage is not provided for "bodily injury," "property damage," or "personal and advertising injury" arising out of the sole negligence of the additional insured.
 5. The insurance provided to the additional insured does not apply to "bodily injury," "property damage," or "personal and advertising injury" arising out of an architect's, engineer's or surveyor's rendering of or failure to render any professional services including:

- a. The preparing, approving or failing to prepare or approve maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; and
 - b. Supervisory, inspection, architectural or engineering activities.
6. Any coverage provided hereunder will be excess over any other valid and collectible insurance available to the additional insured whether primary, excess, contingent or on any other basis unless a

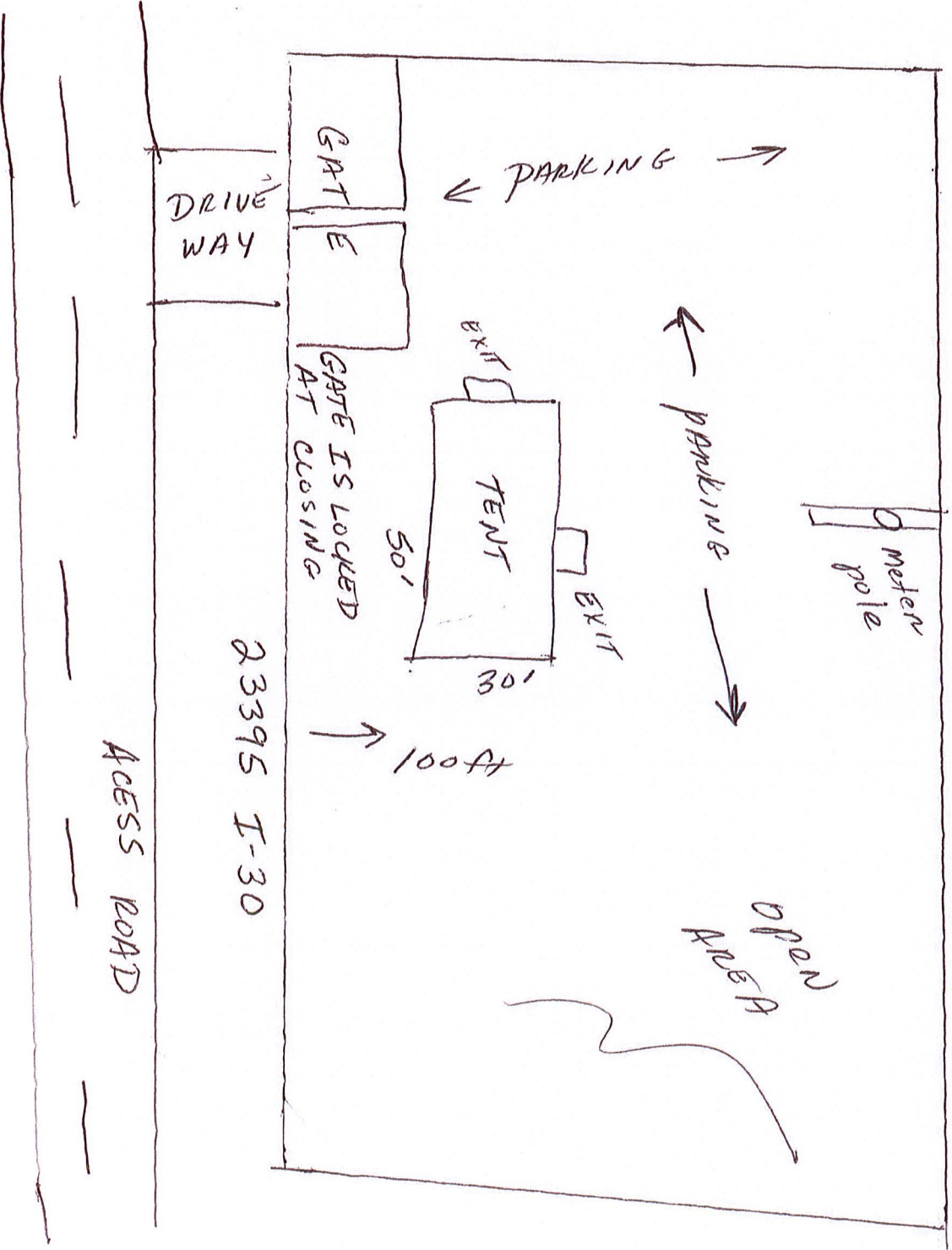
written contract specifically requires that this insurance be primary.

When this insurance is excess, we will have no duty under **SECTION I—COVERAGES** to defend the additional insured against any "suit" if any other insurer has a duty to defend the additional insured against that "suit." If no other insurer defends, we will undertake to do so, but we will be entitled to the additional insured's rights against all those other insurers.

AUTHORIZED REPRESENTATIVE

DATE

Includes copyrighted material of ISO Properties, Inc., with its permission.
Copyright, ISO Properties, Inc., 2004



23395 I-30
Bryant, AR



City of Bryant, Arkansas
Community Development
210 SW 3rd Street Bryant, AR 72022
501-943-0943



Temporary Business Application For the Sale of Fireworks

- Applications are due by 5:00PM Wednesday the week prior to the Scheduled Development and Review Committee Meeting.
- Application Deadlines and dates can be found at www.cityofbryant.com under the Community Development tab.

Date: 12/10/24

Business Information:

Name fireStew fireworks
Federal Tax Employer ID Number 453216207
Arkansas State Sales Tax Number 55025123-SLS
Location of Proposed Temporary Business 5407 Hwy 5

Business Owner:

Name Mark Bradford
Address 17 Ashke Blvd,
Nash, Tx 75569
Phone 903-826-4453
Email imafree1976@gmail.com

Contact Person:

Name _____
Address _____
Phone _____
Email _____

Checklist for Submission

- ☒ Completed Application and Checklist
- ☒ Twenty-Five Dollar (\$25.00) Application fee
- ☒ Provide proof of 1,000,000 Liability Insurance or Surety Bond worth the same amount.
(Further information on the details of liability insurance can be found in Section 2-4 of the Temporary Business Section of the Bryant Business Ordinance.)

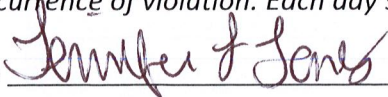
(Continued on Page 2)

- ☐ Eight (8) copies of a **Site Plan**:
 - Site Plan shall be to scale, all structures shall be identified. Clear identification of any open display areas
 - Fireworks tent / canopy shall have a minimum 50ft. setback from all other structures
 - Show parking spaces dedicated by the owner of the property for use by the temporary business.
- ☐ Exits shall be provided every 100 ft. with a minimum of 2 remotely located exits
Minimum exit width shall be 72 in. All exits shall be identified with proper signage
- ☐ No smoking permitted within 50 ft. of firework tent / canopy. "NO SMOKING" signs shall be posted at all entrance / exits
- ☐ 2 ABC fire extinguishers, with a 2A rating or greater, shall be provided. The maximum travel distance to an extinguisher shall not exceed 75 ft. Additional extinguishers may be required. Extinguishers shall be clearly visible, marked with appropriate signage, and mounted height of not less than 36 in. from the ground
- ☐ Generators or other combustion power sources, including fuel, shall be separated from tents / canopies by a minimum of 25 ft.
- ☐ Applicant shall contact the Bryant Fire Dept. Fire Marshal's office and schedule an inspection once the business is ready for operation. The inspection shall be conducted prior to any sales to the public are allowed. Contact: 501-943-0964

READ CAREFULLY BEFORE SIGNING

I _____, do hereby certify that all information contained within this application is true and correct. I further certify that I agree too and will abide by all Temporary Business rules and regulations as outlined in the Bryant Business Ordinance. I also understand that I shall comply with all additional applicable ordinances of the City as well as the requirements of all state and federal laws. Furthermore, I understand violation of Temporary Business Ordinance 2007-43 is a misdemeanor punishable by a fine of up to \$500.00 per occurrence of violation. Each day's occurrence is a separate violation.

Owners Signature





City of Bryant Community Development
210 SW 3rd Street
Bryant, AR 72022
PHONE: 501-943-0857
FAX: 501-943-0992
EMAIL: tsmith@cityofbryant.com

Temporary Business Application and Information

- Applications are due by 5:00 Pm Wednesday the week prior to the scheduled Development Review Committee meeting.
- Application deadlines and meeting dates can be found on the City of Bryant's website under the Planning and Community Development page or by clicking [HERE](#).

Requirements for Submission

- ☒ Letter stating your request
- ☒ Complete and submit a Temporary Business Application
- ☒ Submit \$25.00 application fee
- ☒ Submit 8 copies of **site plan** showing:
 - ☒ Exact location of proposed temporary business including setbacks from streets or highway right-of-way.
 - ☒ Clearly identifying any open display areas.
 - ☒ The parking spaces to be dedicated by the owner of the property for use by this temporary business.
- ☒ Submit a letter from the property owner stating that they are in agreement with the site plan.
- ☐ If food establishment – show approval from **Arkansas Department of Health**.
- ☒ Provide \$1,000 surety bond made payable to City of Bryant conditioned for faithful performance of the payment of all applicable fees and penalties.

Temporary Business Application

City of Bryant

Date: 12/8/24
Name of Business: Five Star Fireworks
Federal Tax Employer Identification Number: 453216207
Arkansas State Sales Tax Number: 55025123-SLS
Type of Business: Retail Business
Location of proposed Temporary Business: 5407 Hwy 5 Bryant, Ark
Parcel Number of Location of proposed Temporary Business: N/A
Owner Mailing Address: 17 Ashlee Blvd NASH, TX 75569
Contact Person: MARK BRADFORD
Daytime Phone Number: 903-826-4453 Evening Phone Number: SAME

Please check the category you are applying for. Permits cannot exceed the following time limits:

<input checked="" type="checkbox"/>	Carnivals	30 Days
<input checked="" type="checkbox"/>	Fireworks stands or tents	30 Days
<input type="checkbox"/>	Christmas tree stands, tents or lots	60 Days
<input type="checkbox"/>	General commercial sales stands, tents or lots	90 Days
<input type="checkbox"/>	Concession/Refreshment stands/Food Service	180 Days

Beginning Date Requested December 19th 2024 Ending Date Requested January 4th 2025

I hereby certify the above to be true and correct, and state that I am operating a business in accordance with the city's zoning regulations and/or any other city, state, or federal laws which may be applicable. I understand violation of Temporary Business Ordinance 2007-43 is a misdemeanor punishable by a fine of up to \$500.00 per occurrence of violation. Each day's occurrence is a separate violation. No temporary business may operate for more than 180 days during any consecutive 12-month period.

Owners Signature Mark Bradford



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/19/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Ryder Rosacker McCue & Huston (MGD by Hull & Company)
509 W Koenig St
Grand Island NE 68801

CONTACT
NAME: Kristy Wolfe
PHONE (A/C, No, Ext): 308-382-2330 FAX (A/C, No): 308-382-7109
E-MAIL
ADDRESS: kwolfe@ryderinsurance.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A : SCOTTSDALE INS CO

41297

INSURER B :

INSURER C :

INSURER D :

INSURER E :

INSURER F :

INSURED
Mark Bradford
Five Star Fireworks
17 Ashlee Blvd
Nash TX 75569

COVERAGES

CERTIFICATE NUMBER: 800092181

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC			CPS4077941	6/12/2024	6/12/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				WC STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Regarding the General Liability coverage, Waiver of Subrogation applies to the entities listed below per attached form CG 24 04 when required by written agreement.

Regarding the General Liability coverage, Blanket Additional Insured applies to the entities listed below per attached form GLS-150s when required by written agreement.

Fireworks Retail Stand Locations:
1527 Airport Road, Hot Springs, AR 71913
5601 Central Avenue, Hot Springs, AR 71913
1880 1/2 Airport Road, Hot Springs, AR 71913
See Attached...

CERTIFICATE HOLDER**CANCELLATION**

City of Bryant AR
210 SW 3rd St
Bryant AR 72022

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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AGENCY CUSTOMER ID: _____

LOC #: _____

**ADDITIONAL REMARKS SCHEDULE**Page 1 of 1

AGENCY Ryder Rosacker McCue & Huston (MGD by Hull & Company)		NAMED INSURED Mark Bradford Five Star Fireworks 17 Ashlee Blvd Nash TX 75569
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,****FORM NUMBER:** 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

271 1/2 Airport Road, Hot Springs, AR 71913
4761 Malvern Road, Hot Springs, AR 71913
3697 Malvern Road, Hot Springs, AR 71913
3211 Albert Pike Road, Hot Springs, AR 71913
2511 Albert Pikes Road, Hot Springs, AR 71913
107 Mt. Pine Road, Hot Springs, AR 71913
3822 AR-7, Hot Springs, AR 71919
3970 Park Park Ave, Fountain Lake, AR 71901
1656 1/2 Industrial Road, Rockport, AR 72104
#5 Caddo Crossing Drive, Glenwood, AR 71943
823 Central Avenue Stamps, AR 71860
23395 I-30 Bryant, AR 72022
5407 Hwy 5, Bryant, AR 72022
12 Evans Road, Cabot, AR 72023
16925 I-30, Benton, AR 72015

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY
CG 24 04 05 09

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies Insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Name Of Person Or Organization:

Any person or organization with whom the insured has agreed to waive rights of recovery, provided such agreement is made in writing and prior to the loss.

Additional Premium is Included

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph 8. **Transfer Of Rights Of Recovery Against Others To Us** of Section IV - Conditions:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.



ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE DATE (12:01 A.M. STANDARD TIME)	NAMED INSURED	AGENT NO.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

BLANKET ADDITIONAL INSURED ENDORSEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

With respect to this endorsement, **SECTION II—WHO IS AN INSURED** is amended to include as an additional insured any person or organization whom you are required to add as an additional insured on this policy under a written contract, written agreement or written permit which must be:

- a. Currently in effect or becoming effective during the term of the policy; and
- b. Executed prior to the "bodily injury," "property damage," or "personal and advertising injury."

The insurance provided to these additional insureds is limited as follows:

1. That person or organization is an additional insured only with respect to liability for "bodily injury," "property damage" or "personal and advertising injury" caused, in whole or in part, by:
 - a. Your acts or omissions; or
 - b. The acts or omissions of those acting on your behalf.

A person's or organization's status as an additional insured under this endorsement ends when your operations for that additional insured are completed.

2. With respect to the insurance afforded to these additional insureds, the following exclusions are added to item 2. **Exclusions of SECTION I—COVERAGES:**

This insurance does not apply to "bodily injury," "property damage" or "personal and advertising injury" occurring after:

- a. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
 - b. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.
3. The limits of insurance applicable to the additional insured are those specified in the written contract, written agreement or written permit or in the Declarations for this policy, whichever is less. These limits of insurance are inclusive of, and not in addition to, the Limits of Insurance shown in the Declarations for this policy.
 4. Coverage is not provided for "bodily injury," "property damage," or "personal and advertising injury" arising out of the sole negligence of the additional insured.
 5. The insurance provided to the additional insured does not apply to "bodily injury," "property damage," or "personal and advertising injury" arising out of an architect's, engineer's or surveyor's rendering of or failure to render any professional services including:

- a. The preparing, approving or failing to prepare or approve maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; and
 - b. Supervisory, inspection, architectural or engineering activities.
6. Any coverage provided hereunder will be excess over any other valid and collectible insurance available to the additional insured whether primary, excess, contingent or on any other basis unless a

written contract specifically requires that this insurance be primary.

When this insurance is excess, we will have no duty under **SECTION I—COVERAGES** to defend the additional insured against any "suit" if any other insurer has a duty to defend the additional insured against that "suit." If no other insurer defends, we will undertake to do so, but we will be entitled to the additional insured's rights against all those other insurers.

AUTHORIZED REPRESENTATIVE

DATE

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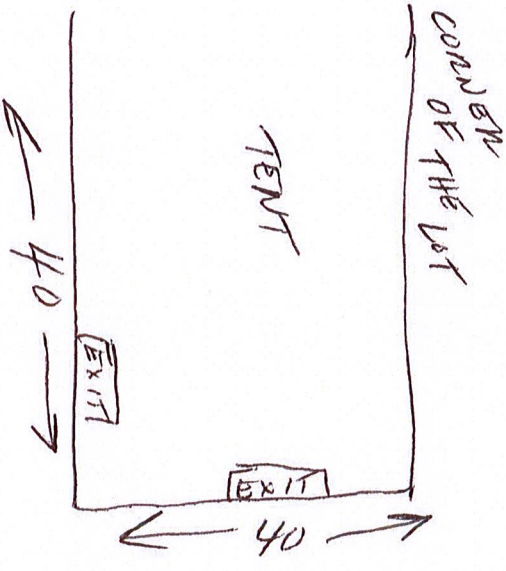
RAILROAD

meter
pole

FOOD
TRAILER

SNOW
CONE
STAND

5407 Hwy 5
Bryant, Ark



PARKING

PARKING

PARKING

DRIVEWAY

BUILDINGS



Hwy 5

5407 HWY 5
Bryant, AR

Store #: 1711

Address:

2013 N. Reynolds Rd
Bryant AR 72022

Franchisee Name:

The Esch Group

Guidance Set Used:

Standard

If Non-Standard note non-standard details below

Scope of work: Contract

Version: v1



FH CONTACT NAME: Tracy L Roberts

PHONE: 817-553-8062

ADDRESS:

2300 N. Hwy 121
Euless TX 76039

“This approval acknowledges that all Reskin scope elements may not be included in sign design package but Customer is committed to completing all Reskin requirements.”

Franchisee Approval Box:

Sonic Approval Box- Only for Non-Standard FZ and SRI Stores

DATE OF APPROVAL:



SIGN SCHEDULE

- A PYLON REFURBISHMENT- FLEX FACES AND RETROFIT KITS | TWO (2) REQ.
- B NEW FLEXIBRITE | SEVEN (7) PIECES OF 6'-8" BLUE FLEXIBRITE
- C LOGO CABINET | TWO (2) REQ
- D CHERRY LOGO | ONE (1) REQ
- E MAIN CANOPY NEW LEDSTRIPE| 28'-0" BLUE LEDSTRIPE ON FRONT OF CANOPY
- F REPLACEMENT FACES FOR EXISTING DIRECTIONAL (ENTER) | TWO (2) REQUIRED
- G REPLACEMENT FACES FOR EXISTING DIRECTIONAL (EXIT) | TWO (2) REQUIRED

NOTE:
CUSTOMER RESPONSIBLE FOR INSTALLATION/PAINTING & STALL STARS.

GENERAL NOTES

- INSTALLER SHALL VERIFY WALL CONDITIONS IN THE FIELD
- TYPE, SIZE & QUANTITY OF FASTENERS TO BE DETERMINED
- ALL BOLT HOLES TO BE DRILLED OR PUNCHED
- ISOLATE ALL ALUMINUM FROM STEEL.

NEW & REMODEL CONSTRUCTION
ADEQUATE BEHIND THE WALL BACKING AND ACCESS IS REQUIRED FOR THE INSTALLATION OF NEW SIGNAGE. CUSTOMER TO FORWARD APPROVED SIGNAGE DRAWINGS TO THE ON SITE CONTACT TO INSURE THAT THE REQUIRED PROVISIONS ARE MADE DURING CONSTRUCTION, PRIOR TO THE SIGN INSTALLATION.

INSTALLER REQUIREMENTS FOR EIFS WALLS
IT IS THE RESPONSIBILITY OF THE INSTALLATION CONTRACTOR TO PROVIDE ANY WALL SPACERS REQUIRED TO KEEP EIFS WALL MATERIAL FROM BEING COMPACTED DURING INSTALLATION OF ANY MOUNTING BOLTS REQUIRED FOR SIGNAGE.

INSTALLER REQUIREMENTS
ALL INSTALLATION (MOUNTING) HARDWARE AND SECONDARY WIRING COMPONENTS, CONDUIT & CONNECTORS, ETC ARE TO BE PROVIDED BY THE INSTALLATION CONTRACTOR

ALL WALL PENETRATIONS TO BE SEALED WITH SILICONE TO HELP PREVENT MOISTURE PENETRATION @ EXTERIOR LOCATIONS.

ANY DEVIATION FROM FEDERAL HEATH REQUIREMENTS MAY RESULT IN DAMAGE TO OR IMPROPER OPERATION OF SIGNAGE, CAUSING DELAYS AND ADDITIONAL COSTS.

**CUSTOMER TO PROVIDE
DEDICATED BRANCH CIRCUITS FOR
SIGNS ONLY PER NEC CODE 600.5**

ALL BRANCH CIRCUITS FOR SIGNS MUST BE TOTALLY DEDICATED TO SIGNS (INCLUDING DEDICATED GROUND & NEUTRAL, PER CIRCUIT) AND SHALL NOT BE SHARED WITH OTHER LOADS (SUCH AS LIGHTING, A/C and OTHER EQUIPMENT). PROPERLY SIZED GROUND WIRE THAT CAN BE TRACED BACK TO THE BREAKER PANEL IS REQUIRED.

NUMBER AND SIZE OF CIRCUITS FOR EACH SIGN MUST MEET FEDERAL HEATH SIGN REQUIREMENTS.

ALL ELECTRICAL SIGNS SHALL CONFORM TO THE REQUIREMENTS OF ARTICLE 600 OF THE N.E.C. AND U.L. 48 ALONG WITH OTHER APPLICABLE STATE & LOCAL CODE REQUIREMENTS. THIS INCLUDES PROPER GROUNDING AND BONDING OF THE SIGN

120V - 20 AMP (PRIMARY ELECTRICAL SERVICE) CIRCUITS AND FINAL CONNECTION TO EACH SIGN, TO WITHIN 6 FT TO BE BY THE CUSTOMER'S CERTIFIED ELECTRICIAN. NUMBER AND SIZE OF CIRCUITS FOR EACH SIGN TO MEET FEDERAL HEATH SIGN COMPANY REQUIREMENTS

WARRANTY NOTICE

CERTAIN ELECTRICAL COMPONENTS OF SIGNS WILL FAIL PREMATURELY IF NOT SHUT OFF FOR A PERIOD OF TIME, ONCE EACH DAY. FOR BEST PERFORMANCE WE RECOMMEND THAT SIGNS BE CONNECTED TO AN AUTOMATIC CONTROLLING DEVICE SUCH AS AN EMERGENCY MANAGEMENT SYSTEM, TIME CLOCK OR PHOTO CELL TO CONTROL THE DAILY SHUT-OFF PERIOD. FAILURE TO FOLLOW THESE RECOMMENDATIONS CAN CAUSE DAMAGE TO ELECTRICAL COMPONENTS OF THE SIGN AND VOID THE WARRANTY. SOME DIMMING DEVICES WILL ADVERSELY AFFECT THE ELECTRICAL COMPONENTS OF THE SIGN IT IS ATTACHED TO, CAUSING FAILURE. ANY DIMMING OF THE SIGN WITHOUT CONSULTATION WITH FEDERAL HEATH SIGN CO. WILL VOID THE WARRANTY.



SITE PLAN (NTS)



SIGN COMPANY
www.federalheath.com

1845 Precinct Line Road, Suite 100, Hurst, Texas 76054
T: 817.685.9075 F: 817.685.9103

Revisions:

R1

Colors Depicted In This Rendering May Not Match Actual Finished Materials. Refer To Product Samples For Exact Color Match.

Account Rep: Michelle Busing
Project Manager: Tracy L. Roberts
Drawn By: Jake Posadas/CHC



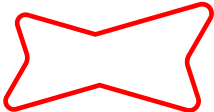
Underwriters
Laboratories Inc.



ELECTRICAL TO USE U.L. LISTED
COMPONENTS AND SHALL MEET
ALL N.E.C. STANDARDS

ALL ELECTRICAL SIGNS ARE TO COMPLY WITH U.L. 48 AND
ARTICLE 600 OF THE N.E.C. STANDARDS, INCLUDING
THE PROPER GROUNDING AND BONDING OF ALL SIGNS.

Project / Location:



Store #1711
2013 N. REYNOLDS RD.
BRYANT, AR 72022

Job Number: 23-89166-10

Date: August 8, 2024

Sheet Number: 2 Of 9

Design Number: 23-89166-10

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EXISTING | NTS



A PROPOSED | NTS



SIGN COMPANY
www.federalheath.com

1845 Precinct Line Road, Suite 100, Hurst, Texas 76054
T: 817.685.9075 F: 817.685.9103

Revisions:

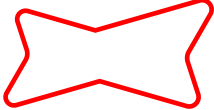
R1			

Colors Depicted In This Rendering May Not Match Actual Finished Materials. Refer To Product Samples For Exact Color Match.

Account Rep: **Michelle Busing**
Project Manager: **Tracy L. Roberts**
Drawn By: **Jake Posadas/CHC**

 **Underwriters Laboratories Inc.**  **ELECTRICAL TO USE U.L. LISTED COMPONENTS AND SHALL MEET ALL N.E.C. STANDARDS**
ALL ELECTRICAL SIGNS ARE TO COMPLY WITH U.L. 48 AND ARTICLE 600 OF THE N.E.C. STANDARDS, INCLUDING THE PROPER GROUNDING AND BONDING OF ALL SIGNS.

Project / Location:



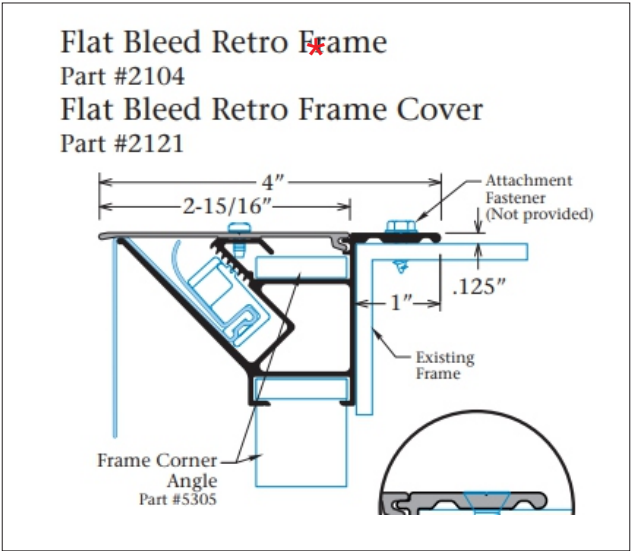
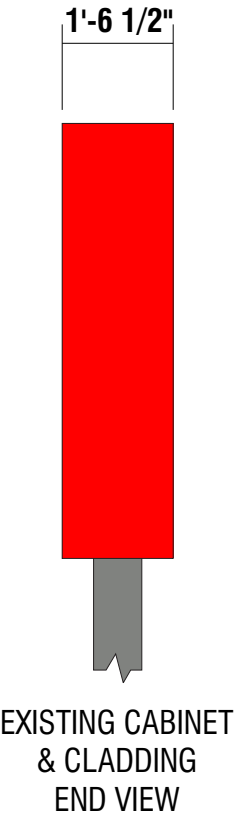
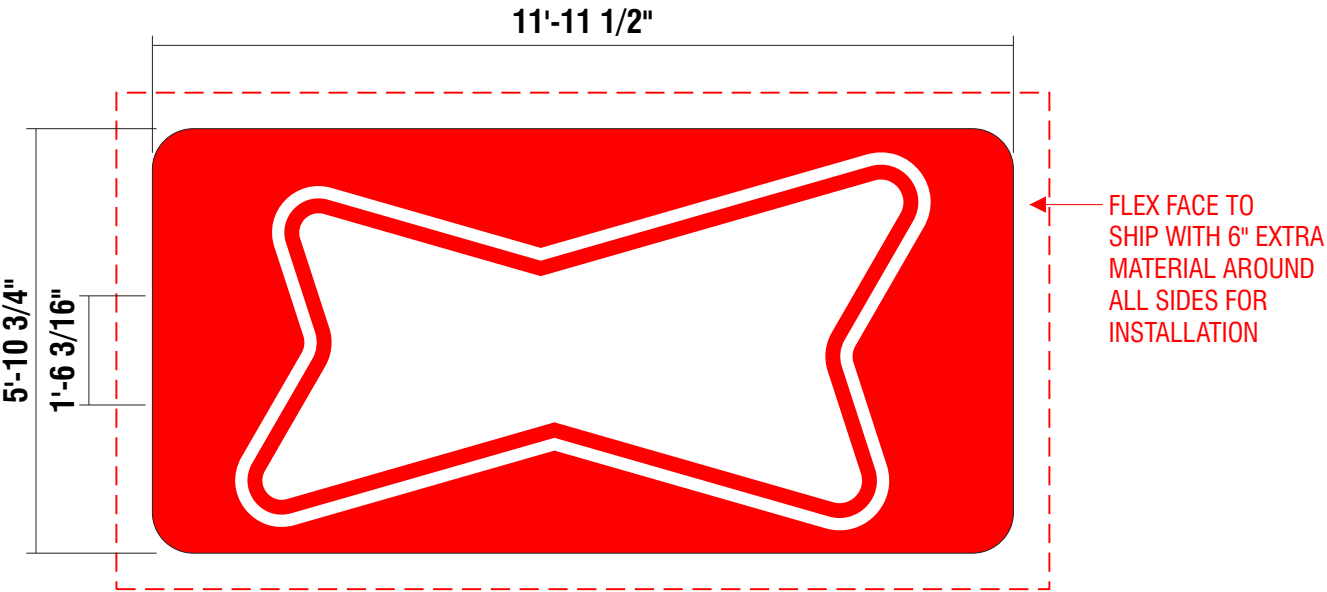
Store #1711
2013 N. REYNOLDS RD.
BRYANT, AR 72022

Job Number: **23-89166-10**
Date: **August 8, 2024**
Sheet Number: **3** Of **9**
Design Number: **23-89166-10**

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FABRICATE & SHIP ONLY

NOTE: CUSTOMER RESPONSIBLE FOR INSTALLATION/PAINTING & STALL STARS.



- SONIC RED: Pantone 192C | 3M 3730-2324 RED
- SONIC BLUE: Pantone 2382C | 3M 3730-8094 BLUE
- WHITE- PANAGRAPHS III FLEX FACE
- POLE CLADDING | SHERWIN WILLIAMS 7067 CITYSCAPE

A PYLON REFURBISHMENT- FLEX FACES AND RETROFIT KIT | TWO (2) FACES REQ.
SCALE: 3/8"= 1' **70.50 SQ FT**

SCOPE OF WORK:

MANUFACTURE AND SHIP REPLACEMENT FACES

FACES: PANAGRAPHS III WHITE FLEX WITH FIRST SURFACE VINYL.

ALL PAINTING BY CUSTOMER

ILLUMINATION: EXISTING HAS LED ALREADY

INSTALLER NOTE:
INSTALLER RESPONSIBLE TO CHOOSE THE APPROPRIATE FASTENERS PER CONDITIONS

INSTALLATION OF THIS SIGN SHALL CONFORM TO ARTICLE 600 OF THE NEC, UL 48 AND OR OTHER APPLICABLE LOCAL CODES, INCLUDING THE PROPER GROUNDING AND BONDING OF THE SIGN.

THE LOCATION OF THE DISCONNECT SWITCH, AFTER INSTALLATION SHALL COMPLY WITH ARTICLE 600.6(A) OF THE NEC.

		REFER TO PAGE 1 FOR ADDITIONAL ELECTRICAL AND INSTALLATION INFORMATION & REQUIREMENTS
Total: <u>T.B.D.</u> Amps		
# of 120V, 20A Circuits Req'd T.B.D.		
ALL BRANCH CIRCUITS SHALL BE DEDICATED TO SIGNS (INCLUDING GROUND AND		

Revisions:			
R1			

Colors Depicted In This Rendering May Not Match Actual Finished Materials. Refer To Product Samples For Exact Color Match.

Account Rep:	Michelle Busing
Project Manager:	Tracy L. Roberts
Drawn By:	Jake Posadas/CHC
Underwriters Laboratories Inc.	ELECTRICAL TO USE U.L. LISTED COMPONENTS AND SHALL MEET ALL N.E.C. STANDARDS
ALL ELECTRICAL SIGNS ARE TO COMPLY WITH U.L. 48 AND ARTICLE 600 OF THE N.E.C. STANDARDS, INCLUDING THE PROPER GROUNDING AND BONDING OF ALL SIGNS.	

Project / Location:

Store #1711
2013 N. REYNOLDS RD.
BRYANT, AR 72022

Job Number:	23-89166-10
Date:	August 8, 2024
Sheet Number:	4 Of 9
Design Number:	23-89166-10

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EXISTING (LEFT SIDE) | NTS



EXISTING (FRONT) | NTS



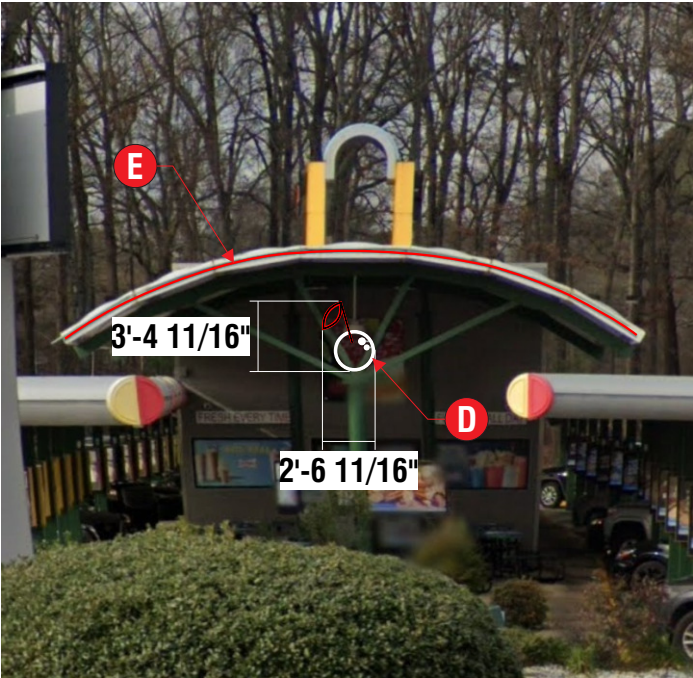
EXISTING (RIGHT SIDE) | NTS

- SIGN SCHEDULE**
- B** NEW FLEXIBRITE | SEVEN (7) PIECES OF 6'-8" BLUE FLEXIBRITE
MANUFACTURE AND SHIP NEW BLUE FLEXIBRITE
 - C** LOGO CABINET | TWO (2) REQ
MANUFACTURE AND SHIP NEW LOGO CABINETS
 - D** CHERRY LOGO | ONE (1) REQ
MANUFACTURE AND SHIP NEW CHERRY LOGO
 - E** MAIN CANOPY NEW LEDSTRIPE | 28'-0" BLUE LEDSTRIPE ON FRONT OF CANOPY
MANUFACTURE AND SHIP NEW BLUE LEDSTRIPE

NOTE:
CUSTOMER RESPONSIBLE FOR INSTALLATION/PAINTING & STALL STARS.



PROPOSED (LEFT SIDE) | NTS



PROPOSED (FRONT) | NTS



PROPOSED (RIGHT SIDE) | NTS



SIGN COMPANY

www.federalheath.com

1845 Precinct Line Road, Suite 100, Hurst, Texas 76054
T: 817.685.9075 F: 817.685.9103

Revisions:

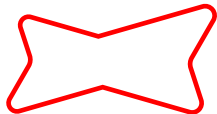
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Account Rep: Michelle Busing
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UL Underwriters Laboratories Inc. **nec** ELECTRICAL TO USE U.L. LISTED COMPONENTS AND SHALL MEET ALL N.E.C. STANDARDS
ALL ELECTRICAL SIGNS ARE TO COMPLY WITH U.L. 48 AND ARTICLE 600 OF THE N.E.C. STANDARDS, INCLUDING THE PROPER GROUNDING AND BONDING OF ALL SIGNS.

Project / Location:



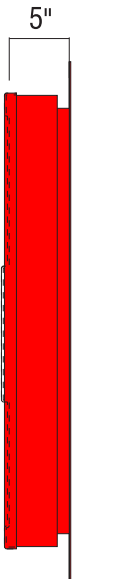
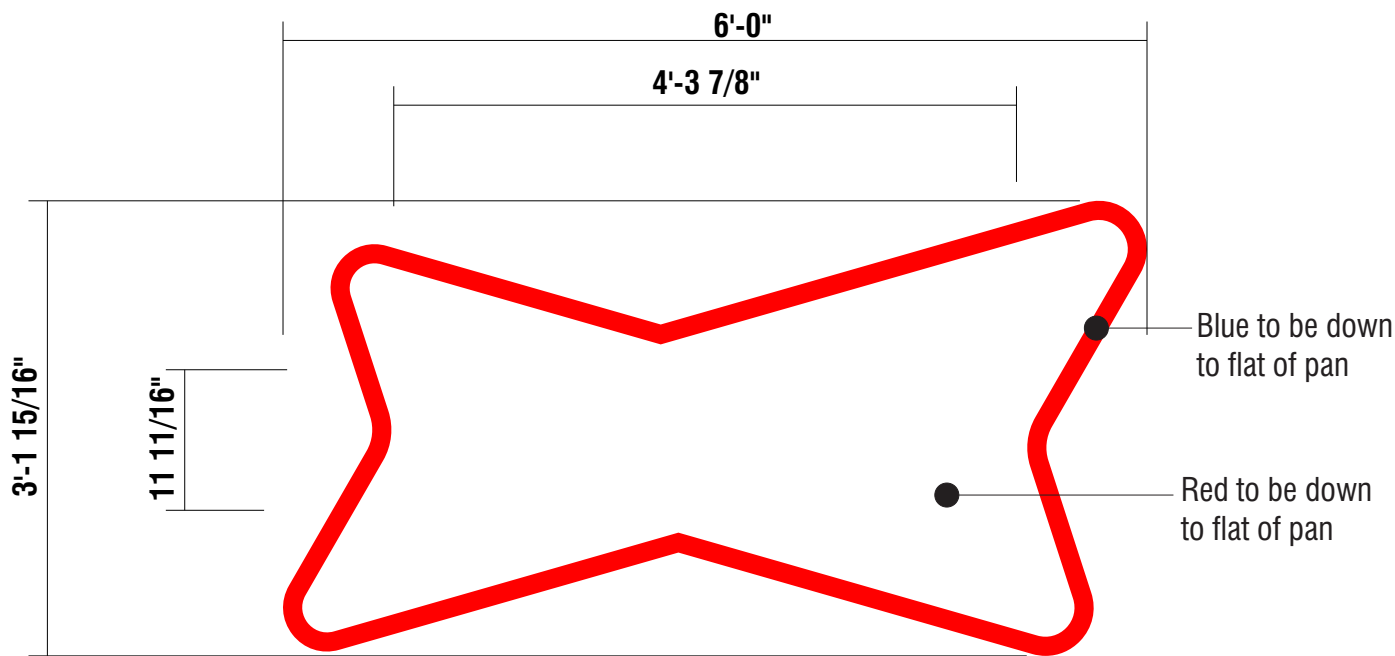
Store #1711
2013 N. REYNOLDS RD.
BRYANT, AR 72022

Job Number: 23-89166-10
Date: August 8, 2024
Sheet Number: 5 Of 9
Design Number: 23-89166-10

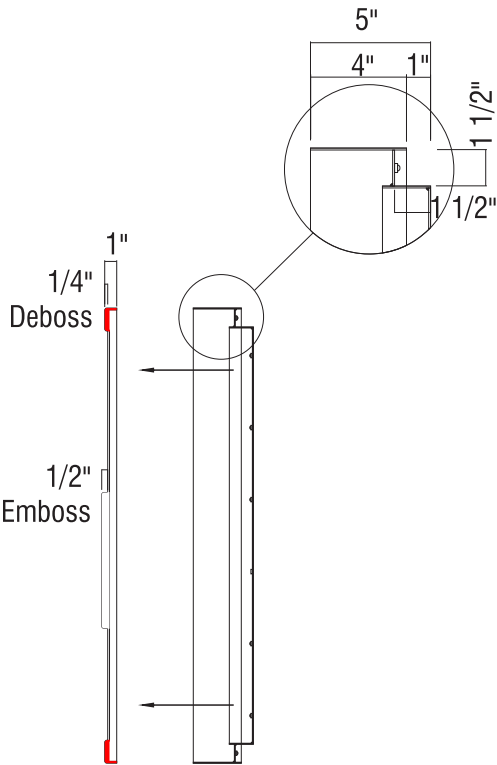
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CUSTOMER SIGN ID- (SON -WS-06)

FABRICATE & SHIP ONLY



End View
(NTS)



SIDE EXPLODED SECTION

C FACE & HALO LIT LOGO CABINET | TWO (2) REQ.
SCALE: 3/4" = 1'-0" **18.96 SQ FT**

SCOPE OF WORK:

FABRICATE AND SHIP NEW LOGO CABINETS

CABINET: ALUMINUM CUT TO SHAPE PAINTED BLUE

FACE: FORMED, EMBOSSED AND DEBOSSSED WITH VINYL GRAPHICS

ILLUMINATION: FACE & HALO ILLUMINATION. WHITE LED ILLUMINATION

- ☐ SONIC RED: Pantone 192C | 3M 3730-2324 RED
- ☒ SONIC BLUE: Pantone 2382C | 3M 3730-8094 BLUE
- ☐ WHITE POLYCARBONATE

INSTALLER NOTE:
INSTALLER RESPONSIBLE TO CHOOSE THE
APPROPRIATE FASTENERS PER CONDITIONS

	REFER TO PAGE 1 FOR ADDITIONAL ELECTRICAL AND INSTALLATION INFORMATION & REQUIREMENTS
Total: <u> T.B.D. </u> Amps	
# of 120V, 20A Circuits Req'd T.B.D. ALL BRANCH CIRCUITS SHALL BE DEDICATED TO SIGNS (INCLUDING GROUND AND	

INSTALLATION OF THIS SIGN SHALL CONFORM
TO ARTICLE 600 OF THE NEC, UL 48 AND OR
OTHER APPLICABLE LOCAL CODES, INCLUDING
THE PROPER GROUNDING AND BONDING OF THE SIGN.

THE LOCATION OF THE DISCONNECT SWITCH, AFTER INSTALLATION
SHALL COMPLY WITH ARTICLE 600.6(A) OF THE NEC.



SIGN COMPANY
www.federalheath.com

1845 Precinct Line Road, Suite 100, Hurst, Texas 76054
T: 817.685.9075 F: 817.685.9103

Revisions:

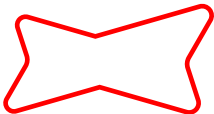
R1			

Colors Depicted In This Rendering May Not Match Actual Finished Materials. Refer To Product Samples For Exact Color Match.

Account Rep: **Michelle Busing**
Project Manager: **Tracy L. Roberts**
Drawn By: **Jake Posadas/CHC**

UL Underwriters Laboratories Inc. **NEC** ELECTRICAL TO USE U.L. LISTED COMPONENTS AND SHALL MEET ALL N.E.C. STANDARDS
ALL ELECTRICAL SIGNS ARE TO COMPLY WITH U.L. 48 AND ARTICLE 600 OF THE N.E.C. STANDARDS, INCLUDING THE PROPER GROUNDING AND BONDING OF ALL SIGNS.

Project / Location:



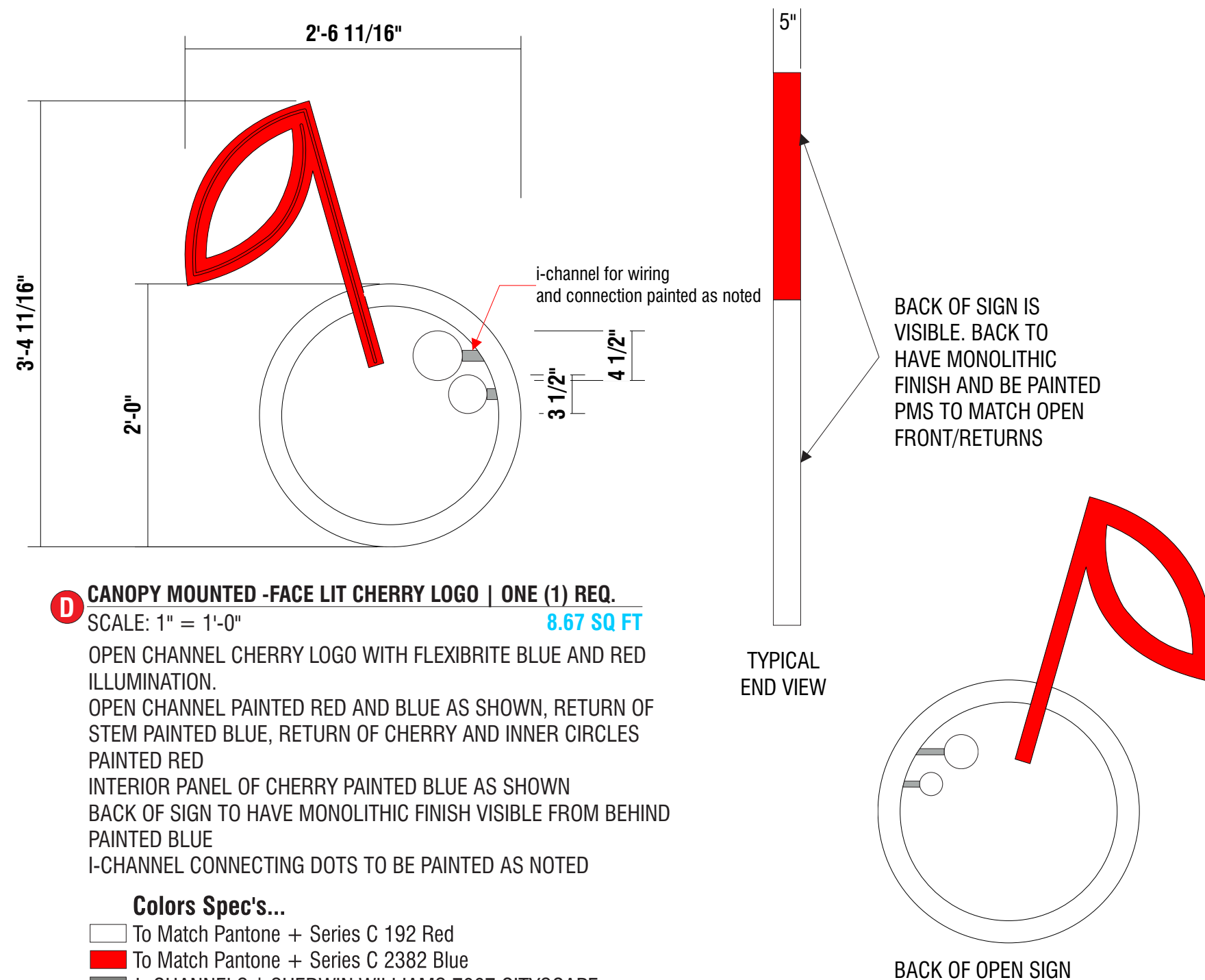
Store #1711
2013 N. REYNOLDS RD.
BRYANT, AR 72022

Job Number: **23-89166-10**
Date: **August 8, 2024**
Sheet Number: **6** Of **9**
Design Number: **23-89166-10**

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FH SIGN ID- 2' CHERRY

**ALTERNATE LAYOUT-
NO HALO FOR USE ON REIMAGE
CANOPY LOCATIONS WHEN BACK IS EXPOSED**

FABRICATE & SHIP ONLY

EXISTING SIGN- TO BE REMOVED/BACK VIEW
OF BRACING

INSTALLER NOTE:

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Revisions:

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Account Rep: Michelle Busing

Project Manager: Tracy L. Roberts

Drawn By: **Jake Posadas/CHC**



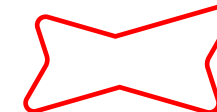
 **Underwriters Laboratories Inc.**  **ELECTRICAL TO USE U.L. LISTED COMPONENTS AND SHALL MEET ALL N.E.C. STANDARDS**

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ic. 

ELECTRICAL TO USE U.L. LISTED COMPONENTS AND SHALL MEET ALL N.E.C. STANDARDS

Project / Location:



Store #1711
2013 N. REYNOLDS RD.
BRYANT, AR 72022

Job Number: 23-89166-10

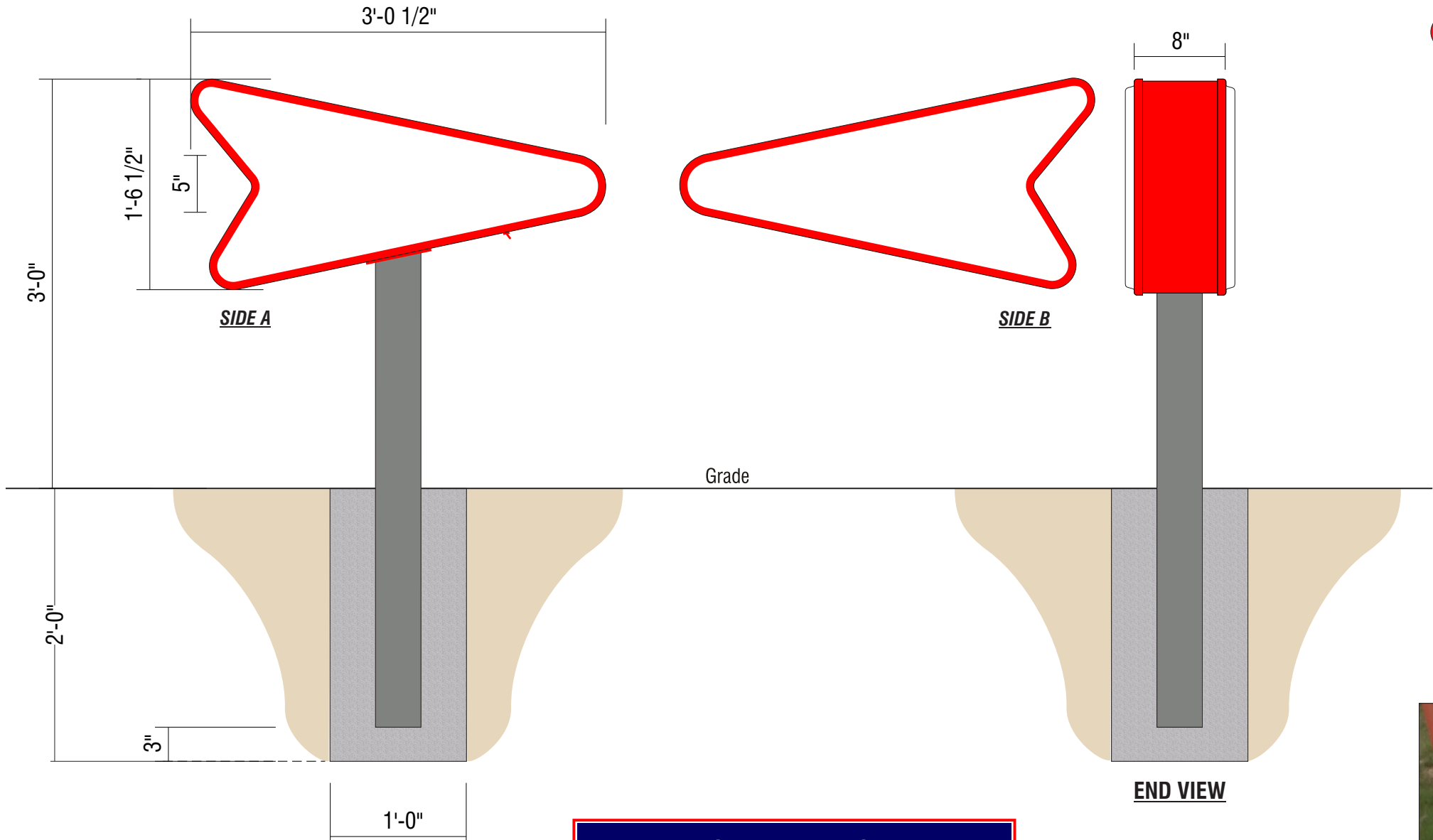
Date: August 8, 2024

Sheet Number: 7 Of 9

Design Number: 23-89166-10

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FABRICATE & SHIP ONLY



F REPLACEMENT FACES | TWO (2) REQUIRED
SCALE: 1" = 1'-0" 4.2 SQ.FT.

SCOPE OF WORK
MANUFACTURE AND SHIP ONLY
FACES: PAN FORMED CAP OVER POLY-CARBONATE FACE WITH SECOND SURFACE
GRAPHICS PER COLORS SHOWN
FONT: ZETA BOLD ITALIC
ALL PAINTING BY CUSTOMER

- SONIC RED: Pantone 192C | 3M 3730-2324 RED
- CABINET/RETAINERS | SONIC BLUE: Pantone 2382C
- CLEAR POLYCARBONATE
- POSTS | SHERWIN WILLIAMS 7067 CITYSCAPE

INSTALLER NOTE:
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**REFER TO PAGE 1
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INFORMATION &
REQUIREMENTS**



EXISTING (TYPICAL)



PROPOSED (TYPICAL)



SIGN COMPANY
www.federalheath.com

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T: 817.685.9075 F: 817.685.9103

Revisions:

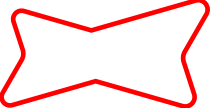
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Colors Depicted In This Rendering May Not Match Actual Finished Materials. Refer To Product Samples For Exact Color Match.

Account Rep: **Michelle Busing**
Project Manager: **Tracy L. Roberts**
Drawn By: **Jake Posadas/CHC**

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Project / Location:

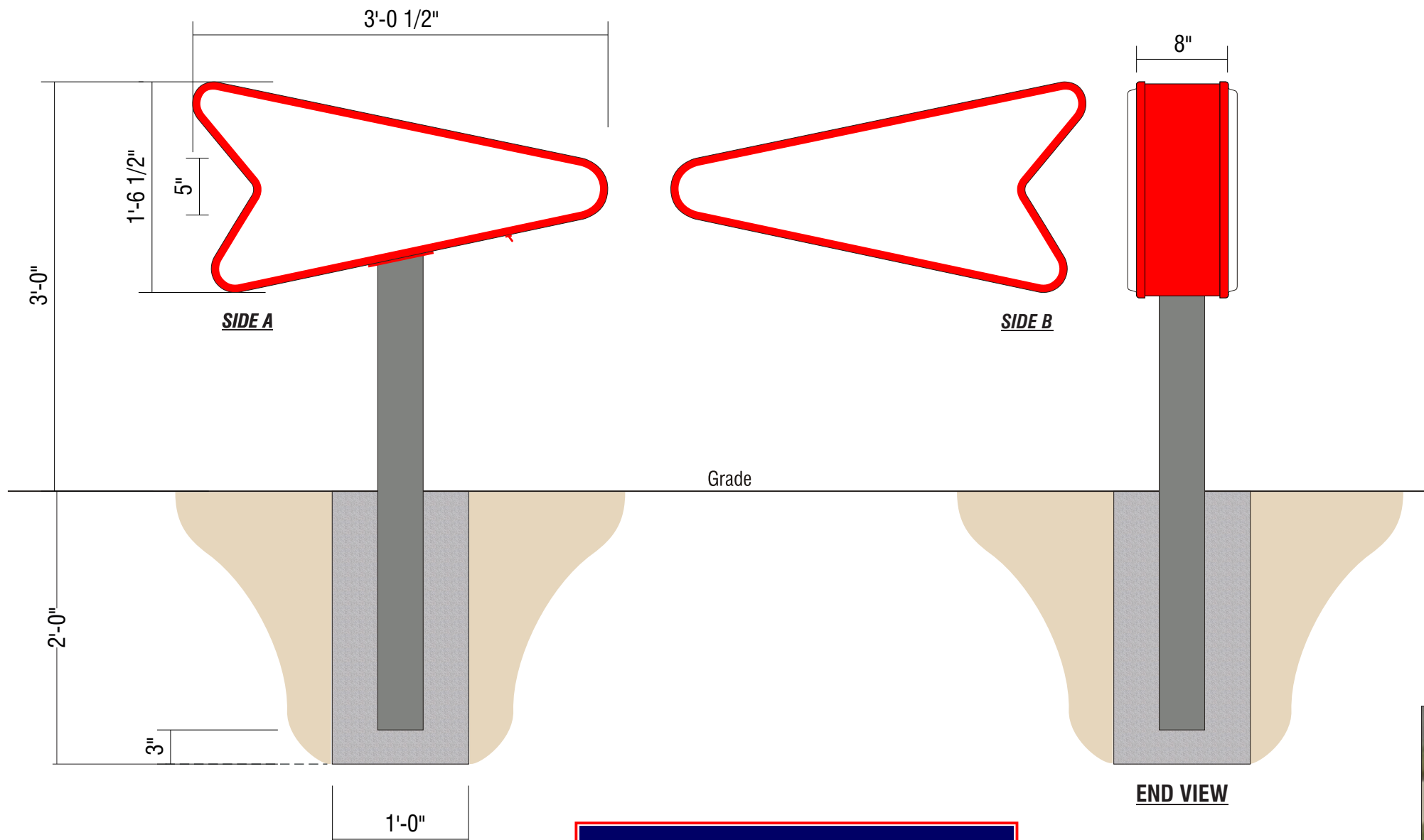


Store #1711
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Job Number: **23-89166-10**
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Sheet Number: **8** Of **9**
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FABRICATE & SHIP ONLY



G REPLACEMENT FACES | TWO (2) REQUIRED

SCALE: 1" = 1'-0"

4.2 SQ.FT.

SCOPE OF WORK





MANUFACTURE AND SHIP ONLY

FACES: PAN FORMED CAP OVER POLY-CARBONATE FACE WITH SECOND SURFACE

GRAPHICS PER COLORS SHOWN

FONT: ZETA BOLD ITALIC

ALL PAINTING BY CUSTOMER

-  SONIC RED: Pantone 192C | 3M 3730-2324 RED
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EXISTING (TYPICAL)



PROPOSED (TYPICAL)

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Sheet Number: 9 Of 9

Design Number: 23-89166-10

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City of Bryant, Arkansas
Community Development
210 SW 3rd Street 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 under the Planning and Community Development tab.

Note: Electrical Permits may be Required. Please contact the Community Development Office for more information.

Date: 11/18/2024

Sign Co. or Sign Owner

Name ARKANSAS SIGN & NEON
Address 8525 DISTRIBUTION DR
City, State, Zip LITTLE ROCK AR 72209
Phone 501.562.3942
Email Address lora@arkansassign.com

Property Owner

Name THE WELL, ALISA RUFFNER
Address 21941 I-30, STE 3
City, State, Zip BRYANT AR
Phone _____
Email Address NPWELLNESSOLUTIONS.COM

GENERAL INFORMATION

Name of Business THE WELL
Address/Location of sign 21941 I-30, BRYANT AR
Zoning Classification _____

job costs = \$2000.00

Please use following page to provide details on the signs requesting approval. Along with information provided on this application, a **Site Plan showing placement of sign(s) and any existing sign(s) on the property is required** to be submitted. **Renderings of the sign(s) showing the correct dimensions is also required** to be submitted with the application. A thirty-five dollar (\$35) per sign payment will be collected at the time of permit issuance. According to the Sign Ordinance a fee for and sign variance or special sign permit request shall be one hundred dollars (\$100). Additional documentation may be required by Sign Administrator.

READ CAREFULLY BEFORE SIGNING

Lora A. Rand, 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 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.

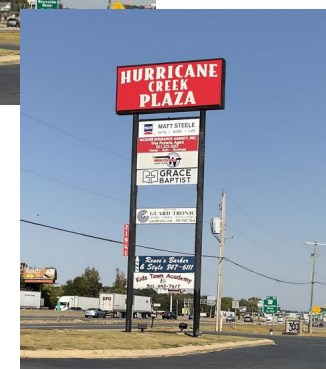
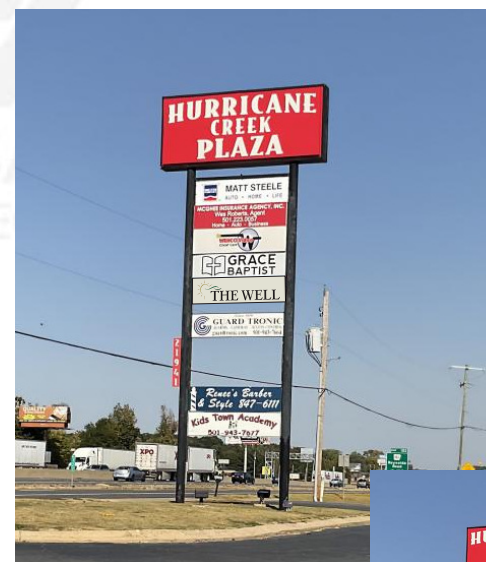
Use table below to enter information regarding each sign for approval. Please use each letter to reference each sign rendering.

SIGN	Type (Façade, Pole, Monument, other)	Dimensions (Height, Length, Width)	Sqft (Measured in whole as rectangle)	Height of Sign (Measured from lot surface)		Column for Admin Certifying Approval
				Top of Sign	Bottom of Sign	
A	WALL	24 "X 195 "	32.2 SF	13	11'	
B	TENANT/POLE	24" X 120 "	20 SF	20	18'	
C						
E						
F						
G						

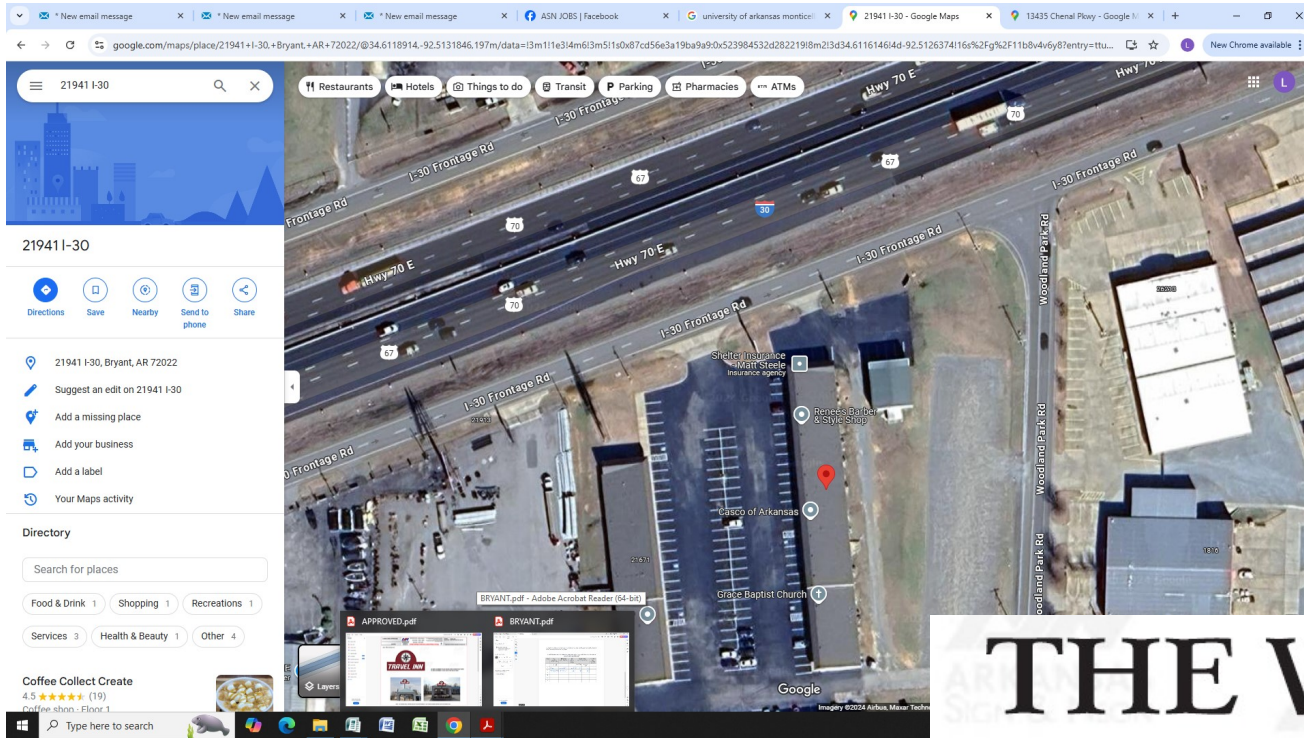
(1) non illuminated tenant panel (1/8" acm)

THE WELL

(1) set of non-illuminated letters sintra letters @1" deep
 size = 24" x 195", flush mounted

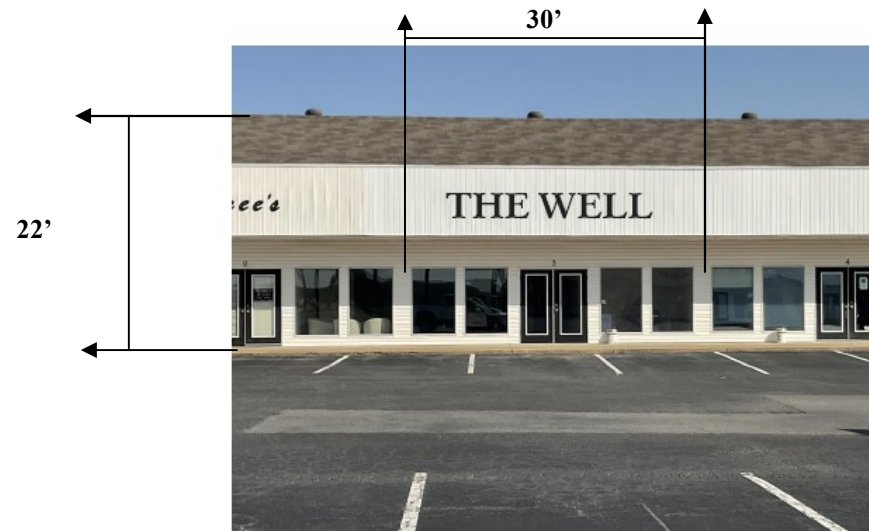


will need vector logo for production



THE WELL

(1) set of non-illuminated letters sintra letters @1" deep
size = 24" x 195", flush mounted





City of Bryant, Arkansas
Community Development
210 SW 3rd Street Bryant, AR 72022
501-943-0943

SIGN PERMIT APPLICATION

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The Sign Ordinance is available at www.cityofbryant.com under the Planning and Community Development tab.

Note: Electrical Permits may be Required. Please contact the Community Development Office for more information.

Date: 12/2/24

Sign Co. or Sign Owner

Name SOUTHPAWDESIGNS
Address 4016 HWY 5 N
City, State, Zip BENTON, AR 72019
Phone 501-563-4725
Email Address southpawdesigns@yahoo.com

Property Owner

Name ALCOA CHIROPRACTIC
Address 711 W. COMMERCE ST
City, State, Zip BRYANT, AR
Phone 501-778-2121
Email Address alcoa chiropr@gmail.com

GENERAL INFORMATION

Name of Business ALCOA CHIROPRACTIC
Address/Location of sign 711 W. COMMERCE ST. BRYANT, AR
Zoning Classification _____

Please use following page to provide details on the signs requesting approval. Along with information provided on this application, a Site Plan showing placement of sign(s) and any existing sign(s) on the property is **required** to be submitted. Renderings of the sign(s) showing the correct dimensions is also **required** to be submitted with the application. A thirty-five dollar (\$35) per sign payment will be collected at the time of permit issuance. According to the Sign Ordinance a fee for and sign variance or special sign permit request shall be one hundred dollars (\$100). Additional documentation may be required by Sign Administrator.

READ CAREFULLY BEFORE SIGNING

I, [Signature], 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

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				Top of Sign	Bottom of Sign	
A	FACADE	20" X 29FT	58	10	12	
B						
C						
E						
F						
G						

Rendering

Project: Alcoa Chiropractic
Description: Exterior lettering

Artwork Approved By: _____

Date: _____



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