

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.

Developme	ent tab.
Date: 9/2/2022	Note: Electrical Permits may be Required, Please contact the Community Development Office for more information.
Sign Co. or Sign Owner	Property Owner
Name Condray Signs Address 1107 & Harding City, State, Zip Rne Bluff, AR 71601 Phone 870-534-5210 Email Address ennua Ocondray signs. com	Name Hospice Home Care Address 707-13 Bryant Ave. City, State, Zip Bryant, AR Phone 501-519-2718 Email Address dioller prospiconomecare. Com
Name of Business Hospice Home C Address/Location of sign 707-18 Gryant Zoning Classification C2	are
Please use following page to provide details on the provided on this application, a Site Plan showing plan property is required to be submitted. Renderings of required to be submitted with the application. A the collected at the time of permit issuance. According special sign permit request shall be one hundred do required by Sign Administrator.	ncement of sign(s) and any existing sign(s) on the If the sign(s) showing the correct dimensions is also Interpretation in the correct dimensions is also Interpretation in the correct dimensions is also Interpretation in the correct dimension is also in the correct dimension is also in the correct dimension in the correct dimension is also in the correct dimension in the correct dimension is also in the correct dimension in the correct dimension is also in the correct dimension in the correct dimension is also in the correct dimension is also in the correct dimension in the correct dimension is also in the correct dimension in the correct dimension is also in the correct dimension in the correct dimension is also in the correct dimension in the correct dimension is also in the correct dimension in the correct dimension is also in the correct dimension in the correct dimension is also in the correct dimension in the correct dimension is also in the correct dimension in the correct di

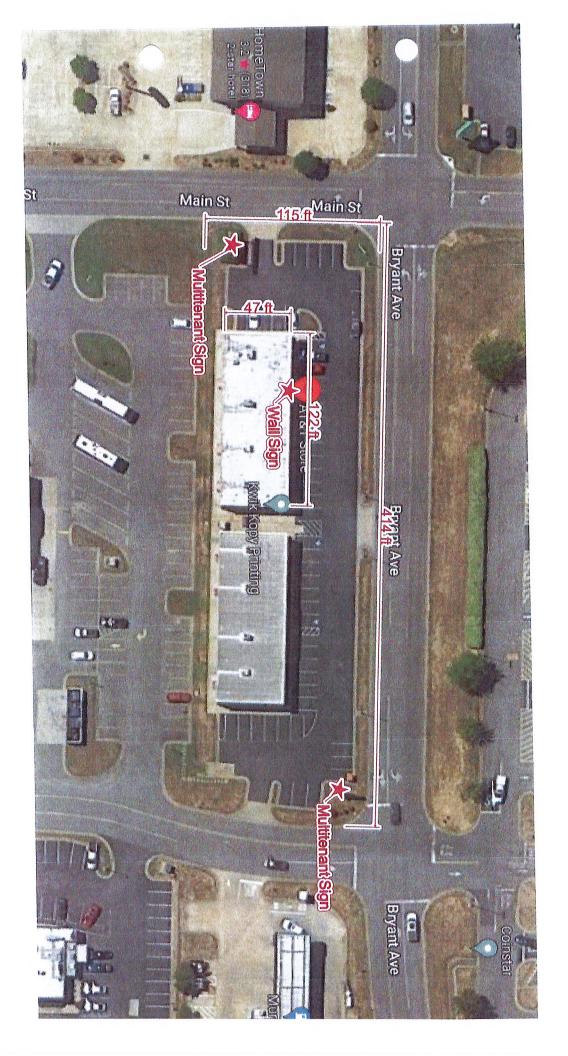
READ CAREFULLY BEFORE SIGNING

I Brave Brave , 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 (Helght, 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	
Α	Wall	34.5"× 114.25"	27.4	188	155 "	
В	Pole	22.75'X94.5"	14.9	149"	127"	
С	Pole	48,×18%	60	348"	300"	
Е						
F						
G						



114.25 in 19.5 in home care 15 in 53.42 in

, 7 in 5 in

Sign A

27.4 sqf+



By signing this document, you verify that all spelling, layout and content are correct and that you are satisfied with the design(s) proofed on this document. Designs will be produced as shown here and you cannot make changes once the order is in production. Customer assumes all responsibility for typographical errors.



Please Sign here



Client: Hospice Home Care Location: Bryant, AR Representative: Perry Oldner Designer: Jason McGee Date: 7-20-22

File location: \\DESKTOP-CL9TA2O\\
Shared Server File\SHARED FOLDER\\
graphic files\H\Hospice Home Care\Bryant AR\\
File name: channel letters.fs

94.5 in



Sign B



By signing this document, you verify that all spelling, layout and content are correct and that you are satisfied with the design(s) proofed on this document. Designs will be produced as shown here and you cannot make changes once the order is in production. Customer assumes all responsibility for typographical errors.

Please Sign here



Cilent: Hospice Home Care Location: Bryant, AR Representative: Peny Oldner Designer: Jason McGee Date: 7-20-22

File location: \\DESKTOP-CL9TA2O\\
Shared Server File\SHARED FOLDER\\
graphic files\H\Hospice Home Care\Bryant AR\
File name: multitenant sign 2.fs

182 in



SignC



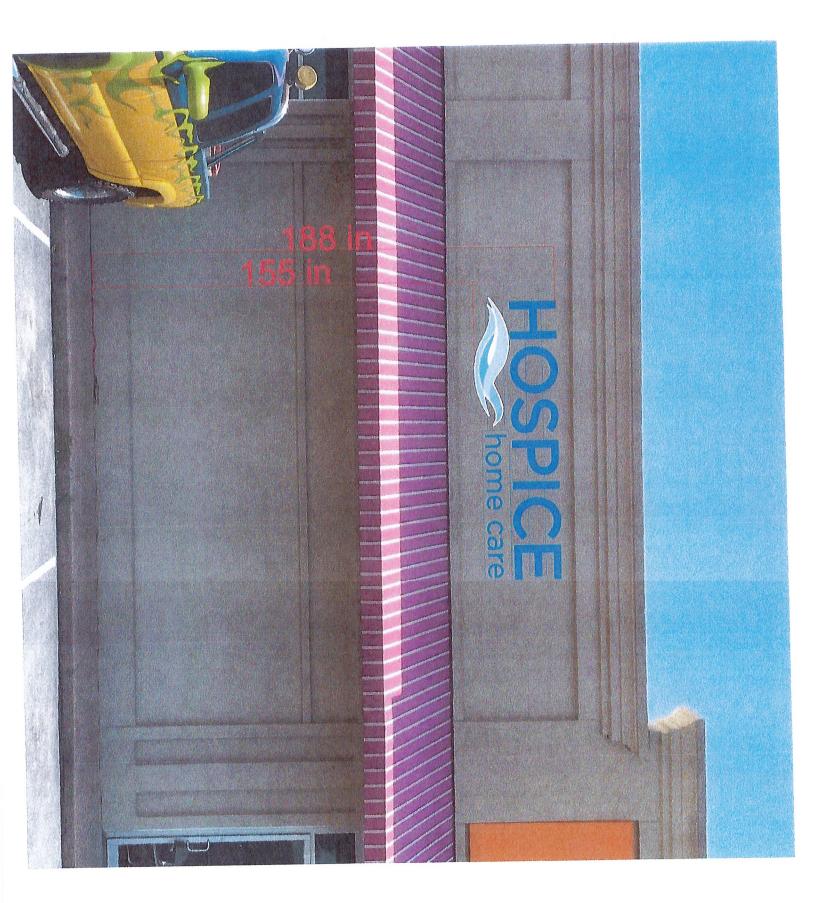
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File location: \\DESKTOP-CL9TA2O\
Shared Server File\SHARED FOLDER\
graphic files\H\Hospice Home Care\Bryant AR
File name: multitenant sign.fs

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