



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.								
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 707-113 Bryant Ave. City, State, Zip Bryant, AR Phone 501-519-2718 Email Address djoller prospiconomecare. Com							
GENERAL INFORMATION								
Name of Business Hospice Home (are.							
Address/Location of sign 707-18 Gryant 1	Ave							
Zoning Classification <u>C2</u>								
Please use following page to provide details on the provided on this application, a Site Plan showing plate property is required to be submitted. Renderings of required to be submitted with the application. A this collected at the time of permit issuance. According a special sign permit request shall be one hundred doller required by Sign Administrator.	ncement of sign(s) and any existing sign(s) on the the sign(s) showing the correct dimensions is also irty-five dollar (\$35) per sign payment will be to the Sign Ordinance a fee for and sign variance or							

READ CAREFULLY BEFORE SIGNING

I Brand, 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"	10-11	Co	9/9/22
→	В	Pole	22.75×94.5"	14.9	149"	127"	Replaceme	nt/Face Change out
	С	Pole	48"×182"	60	348"	300"	CZ	-/9/9/27
	Е							, , , ,
	F							
	G							

No Permit ->

182 in



SignC



By signing this document, you verify that ell 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





114.25 in 19.5 in home care 62 in 53.42 in

7 in 5 in

Sign A

27.4 sqf+



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Please Sign here

condraysigns 1107 E Harding Ave. Pine Bluff, AR 71601 ph (870) 534-5210

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 file\\H\Hospice Home Care\\Bryant AR
File name: channel letters.fs

His is an original unpublished drawing by Deha Sign and Heee, Inc. dos Condray Signs. It is not to be shown to drayone outside your arganization not it it to be used, reproduce, capital, or exhibited for any other purpose. All or any part of the design (except registered trademarks) remain the propert of Delite Sign and Neon, Inc. The sights thereof art copyrighted by Jans.



Sign B



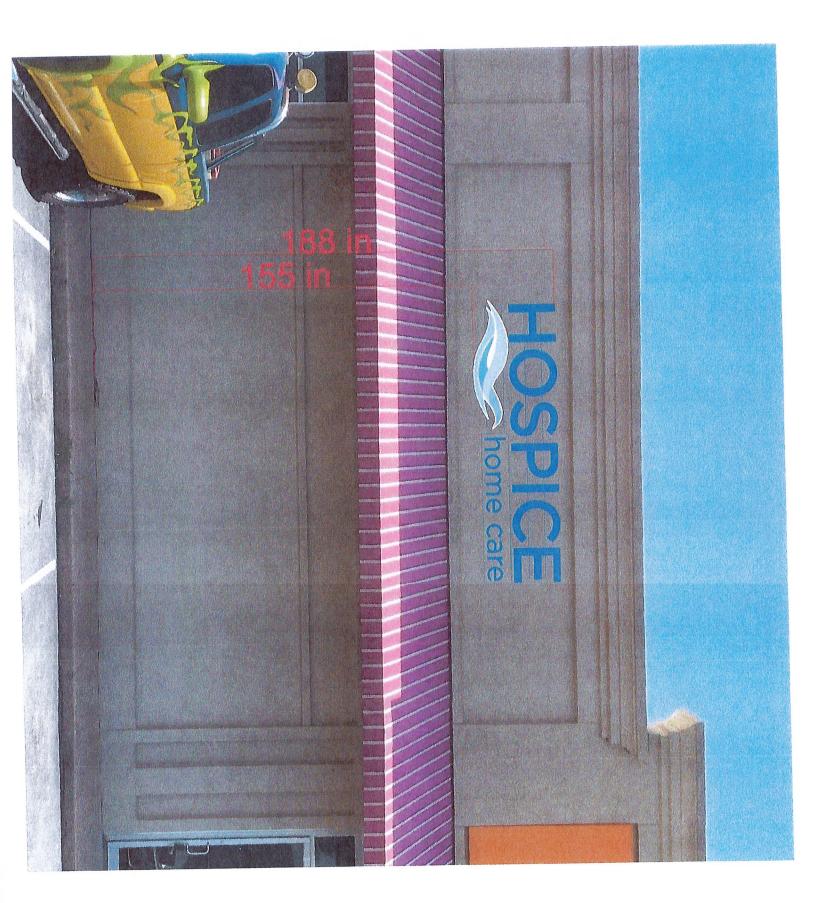
By signing this document, you wority that all spelling, layout and content are correct and that you are satisfied with the design(s) proofed on this document. Designs will be produced as shown here and you cannot make changes once the order is in production. Customer assumes all responsibility for typographical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

Please Sign here



Client: Hospice Home Care Location: Bryant, AR
Representative: 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





MCFARLAND

EYE CARE

We're focused on you.

653-201

mcfarlandeye.com















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501-653-2010



THE JOINT chiropractic

348 in 300 in



