



**City of Bryant, Arkansas**  
 Community Development  
 210 SW 3<sup>rd</sup> 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](http://www.cityofbryant.com) under the Planning and Community Development tab.

Date: 9/30/22

Note: Electrical Permits may be Required, Please contact the Community Development Office 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  
 Email Address RONNY@SEIZSIGNS.COM

**Property Owner**

Name ALEX HAMILTON  
 Address 2422 SPRINGHILL RD  
 City, State, Zip BRYANT, AR 72022  
 Phone \_\_\_\_\_  
 Email Address ALEXILTON@GMAIL.COM

**GENERAL INFORMATION**

Name of Business HAMILTON FAMILY DENTISTRY  
 Address/Location of sign 2422 SPRINGHILL RD.  
 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, Ronny 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 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	MONUMENT	4x8	32	7'	2.5'	
B						
C						
E						
F						
G						



Job Ticket Number: 8589

Salesperson: Robert B. - robertb@seizsigns.com

Start Date: 8/31/22

Customer/Folder: Hamilton Family Dentistry

File: HFD\_MonumentSign\_PROOF4

Last Revision:

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



- 1 DF - 7' x 118.33" Monument Sign
- 2 SF - 15" Tall Dimensional Ellipse Logos
- 2 Sets - White Dimensional Letters
- 2 Sets - 6" Tall Dimensional Address Numbers

Paint: Sherwin Williams - Iron Ore

**Production**

Designer: Merry - merry@seizsigns.com

Quantity: 1 DF

Substrate: Monument Sign

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

