

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: 1/30/2024	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	Namedusmic Investments LLC	
Address 1107 & Harding Ave.	Address 3395 Hwy 5/	
City, State, Zip Pine Bluff, AR. 71601	City, State, Zip Bylant AR 72019	
Phone 870.534.5210	Phone 501 - 909 - 9665	
Email Address emma 2 condraysigns. com	Email Address michelle franks to hotral.com	77
GENERAL INFORMATION	1 04 111	
Name of Business Alleviant Interprated	<u>a Mental Heal</u> th	
Address/Location of sign 3395 AR.5		
Zoning Classification		
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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 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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144.77 in



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 in production. Customer assumes all responsibility for typographical errors. will be produced as shown here and you cannot make changes once the order is

Please Sign here



Representative: Perry Oldner Designer: Jason McGee Date: 1-9-24 Location: Bryant, AR Client: Alleviant Integrated Mental Health

File location: \\DESKTOP-CL9TA2O\
Shared Server File\SHARED FOLDER\
graphic files\A\Alleviant Integrated Mental Health
File name: channel letters.fs

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