**City of Bryant, Arkansas**
**Code Enforcement, Permits and Inspections**
312 Roya Lane
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

**Site plan showing placement of sign and any existing signs on the property. A rendering of sign showing correct dimensions of all signs are required with application. Additional documentation may be required by Sign Administrator.**

Date: 11/24/2025

Note: Electrical permits may be Required, Please contact the Permits Office at 501-943-0943 for more information.

**SIGN CO. OR SIGN OWNER**
Name L. Graphics
Address 701 N. Reynolds Rd
City, State, Zip Bryant, AR 72022
Phone (501) 773-0544
Alternate Phone

**PROPERTY OWNER**
Name Bart Furguson
Address 3531 Marketplace Ave
City, State, Zip Bryant, AR 72022
Phone (501) 840-2282
Alternate Phone

**GENERAL DETAILS**
Name of Business Win Within therapy Group Counseling
Address/Location of sign 3531 Marketplace Ave #200
Sign dimensions (height, length, width) 60" X 54" x 4"

**SIGN TYPE**
___ Pole ___ Monument
X Wall
___ Other (type)
Total sq. ft. 22.5

Zoning Classification ___ Aggregate Surface Area (total all signs) ___

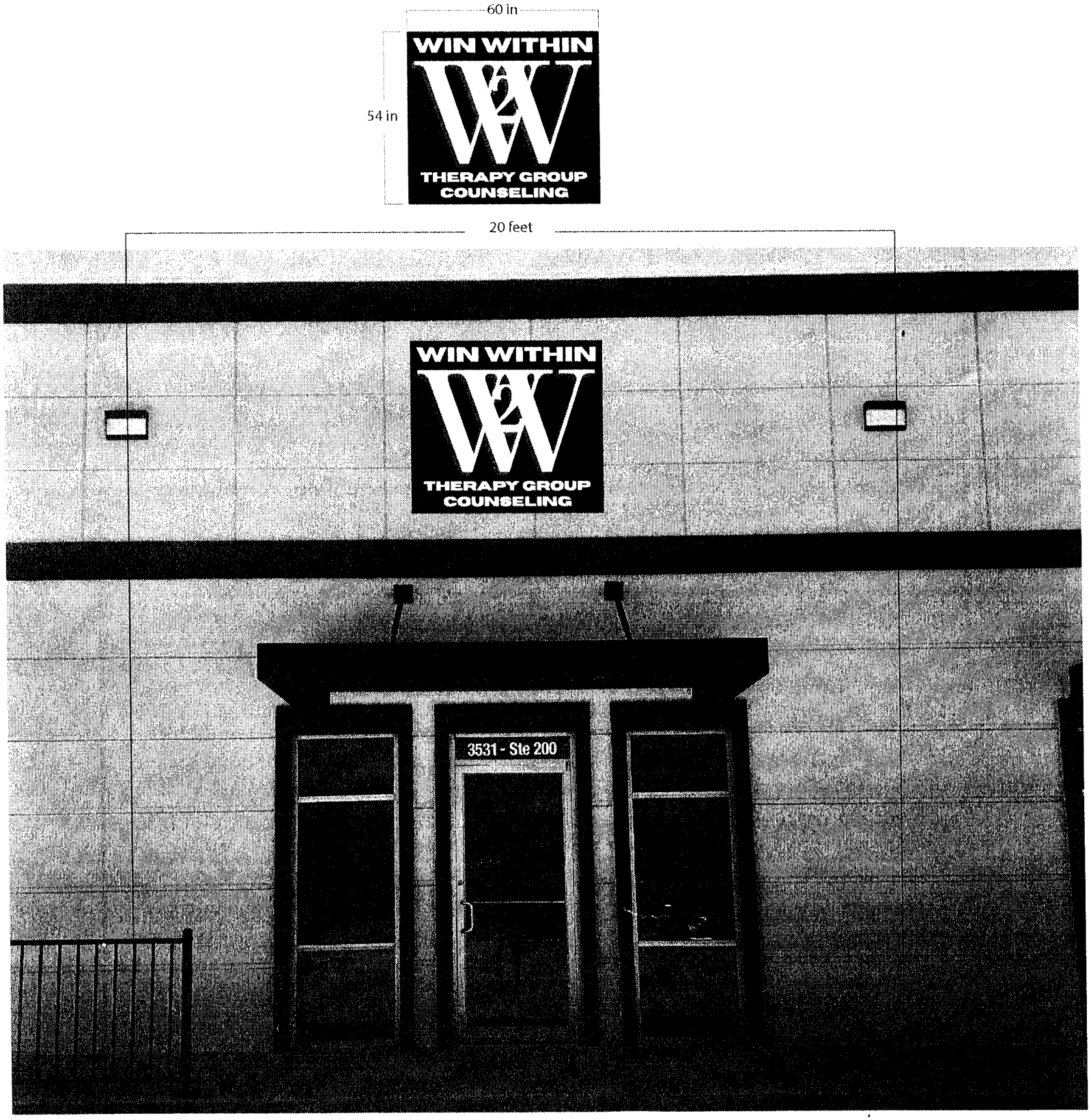
Height of sign from lot surface: Bottom 13 Top 17.5

**READ CAREFULLY BEFORE SIGNING**

I. Joe Lam, 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 any 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.

Applicant's Signature 11/24/2025 Date

Sign Administrator(or Designee) Approval Date


60 in
54 in
WIN WITHIN
THERAPY GROUP
COUNSELING
20 feet
WIN WITHIN
THERAPY GROUP
COUNSELING
3531 - Ste 200