2nd Submittal
Approved 2/16/22 CL
1 Sign

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.

Note: Electrical Permits may be Required, Please contact the Community Development Office for more information.

Date: 2/14/22

Sign Co. or Sign Owner

Name Action Sign + Neon
Address 2700 John Harden Dr
City, State, Zip Jacksonville, AR 72076
Phone 501-457-7391
Email Address actionsignlr@aol.com

Property Owner

Name _____
Address _____
City, State, Zip _____
Phone _____
Email Address _____

GENERAL INFORMATION

Name of Business Ames Direct Primary Care
Address/Location of sign 3310 Main St. STE. 300
Zoning Classification C-2

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

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	Facade	38.62"x 172.45"	46.25 sqft			
B						
C						
E						
F						
G						

Folder Name
K:\Art Department\2021\Ames Direct Primary Care

Designer
Ann

File Name
Ames Direct Primary Care.fs

Job Number
27400

13.5"H Letters w/Acrylic Logo



46.25 sqft



Description
QTY: In File

ARTWORK IS PROPERTY OF ACTION SIGN & NEON AND SHALL NOT BE DUPLICATED OR COPIED IN ANY MANNER.

ACTION SIGN & NEON, INC.
P. O. Box 188
Jacksonville, AR 72076
2700 John Harden Dr.
Jacksonville, AR 72076
Ph 501-457-7391
Ph/Text 501-712-0012
Fax 501-457-7393

ARTWORK APPROVAL **MUST** BE MADE IN WRITING.
THIS CAN BE DONE BY A SIMPLE EMAIL, TEXT, OR FAX
WITH THE APPROVED ARTWORK ATTACHED.
PRODUCTION WILL NOT START OTHERWISE.

Customer		Name		Design Time	Design Time Pricing
Ames Direct Primary Care		Dr. Nicki Ames			Design time is at a rate of $60 per hour, in 15 minute increments. Your first 15 minutes is FREE.
Phone	Email		Date	Minutes	
501.943.5300	drames@amesdpc.com		2/10/2022		

COLORS SHOWN ARE FOR REFERENCE ONLY. COLORS MAY VARY.