Approved @ DRC 9/15/22
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: _____

Sign Co. or Sign Owner

Name EDWARDS SIGN
Address 2208 AIRPORT RD
City, State, Zip HOT SPRINGS AR 71913
Phone 501 767 6525
Email Address BOB@EDWARDSSIGNS.COM

Property Owner

Name SOUTHERN TRACE REHABILITATION & CARE
Address 22515 I-30
City, State, Zip BRYANT, AR 72022
Phone 501 847 0777
Email Address NBROWN@SOUTHERNTRACEREHAB.COM

GENERAL INFORMATION

Name of Business SOUTHERN TRACE
Address/Location of sign 22515 I-30, BRYANT, AR
Zoning Classification C

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

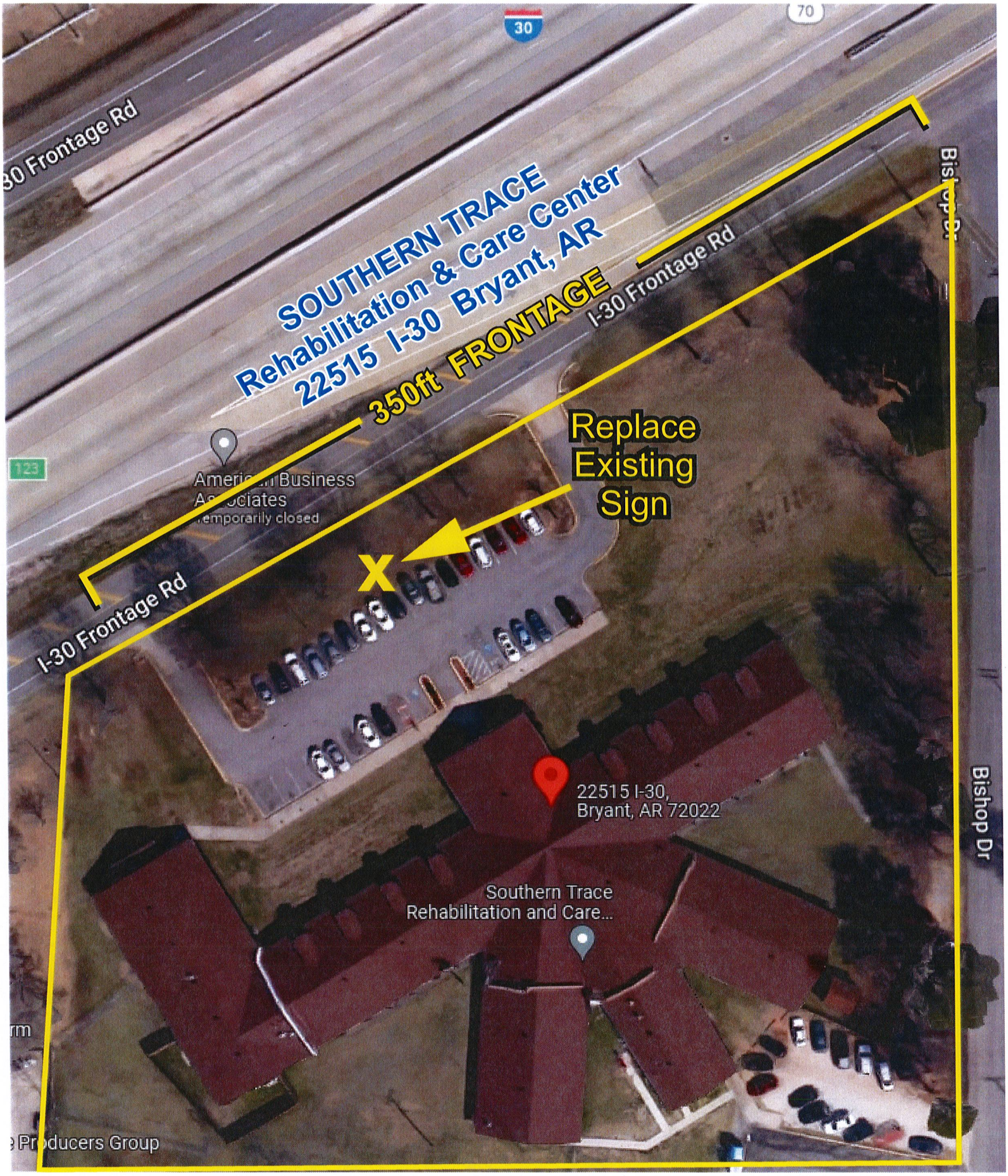
I _____, do hereby certify that all information contained within this application is true and correct. I fully understand that the terms of the Sign Ordinance supersede the Sign Administrator's approval and that all signs must fully comply with all terms of the Sign Ordinance regardless of approval. 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	MONUMENT	4'6"X13'6"	60.75	5FT 6IN	12"	
B						
C						
E						
F						
G						


4’-6” x 13’-6” = 60.75 sq. ft.
SOUTHERN TRACE
REHABILITATION AND CARE CENTER


SOUTHERN TRACE
Rehabilitation & Care Center
22515 I-30 Bryant, AR
350ft FRONTAGE
Replace
Existing
Sign
X
I-30 Frontage Rd
I-30 Frontage Rd
Bishop Dr
Bishop Dr
30
70
123
Temporarily closed
22515 I-30,
Bryant, AR 72022
Southern Trace
Rehabilitation and Care...

SOUTHERN
TRACE