**City of Bryant, Arkansas**
Community Development
210 SW 3rd Street Bryant, AR 72022
501-943-0943

RECEIVED
AUG 23 2023
By JT

# 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: 8/23/2023

**Sign Co. or Sign Owner**

Name L. Graphics
Address 701 N. Reynolds Rd
City, State, Zip Bryant, AR 72022
Phone (501) 653-4444
Alternate Phone (501) 773-0544

**Property Owner**

Name David Mc Combs
Address 606 W. Commerce st. ste 1
City, State, Zip Bryant, AR 72022
Phone (501) 291-3699
Alternate Phone _____

**GENERAL INFORMATION**

Name of Business Mc Combs Medical Feel Better_ Look better - Live better
Address/Location of sign 606 W. Commerce St. Ste 1
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 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 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 | Channel letter Wall mount | 54"X127" | 48 | 180" | 136" | |
| B | | | | | | |
| C | | | | | | |
| E | | | | | | |
| F | | | | | | |
| G | | | | | | |


30 feet
31 in
34 in
12.5 in
McCombs Medical
7.5 in
Feel Better, Look Better, Live Better