



LEE'S SUMMIT MISSOURI

SIGN APPLICATION

1. PROPERTY LOCATION/ADDRESS: 100 NE Saint Luke's Blvd
2. BUSINESS NAME: Saint Luke's East Hospital
3. LEGAL DESCRIPTION (attach if description is metes and bounds description): _____

4. TYPE(S) OF SIGN REQUESTED: lighted letter identifier
5. NUMBER OF SIGN(S) REQUESTED: 1 additional on canopy

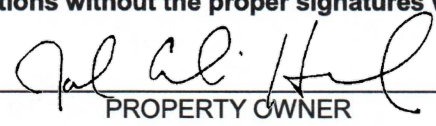
6. APPLICANT Luminous Neon LLC PHONE 913-780-3330
 CONTACT PERSON Celia Gerling FAX _____
 ADDRESS 1805 E. 123rd St. CITY/STATE/ZIP Olathe KS 66061
 E-MAIL cgerling@luminousigns.com

7. PROPERTY OWNER(S) St. Luke's Health System PHONE 816-932-2215
 CONTACT PERSON Josh Howard FAX _____
 ADDRESS PO Box 5870 CITY/STATE/ZIP KCMO 64171
 E-MAIL jchoward@saint-lukes.org

8. OTHER CONTACTS _____ PHONE _____
 CONTACT PERSON _____ FAX _____
 ADDRESS _____ CITY/STATE/ZIP _____
 E-MAIL _____

9. OTHER CONTACTS _____ PHONE _____
 CONTACT PERSON _____ FAX _____
 ADDRESS _____ CITY/STATE/ZIP _____
 E-MAIL _____

All applications require the signature of the owner on the application and on the ownership affidavit. Applications without the proper signatures will be deemed incomplete and will not be processed.



 PROPERTY OWNER

 APPLICANT

Print name: Josh Howard on behalf of SLHS

Receipt #: _____ Date Filed: _____ Processed by: _____ Application # _____



LEE'S SUMMIT MISSOURI

OWNERSHIP AFFIDAVIT

STATE OF MISSOURI)

ss.

COUNTY OF JACKSON)

Comes now _____ (owner)

who being duly sworn upon his/her oath, does state that he/she is the owner of the property

legally described as _____

in the Sign Application. Owner acknowledges the submission of said application for the subject property under the City of Lee's Summit Unified Development Ordinance.

Dated this _____ day of _____, 20__

Signature of Owner

Josh Howard

Printed Name

Subscribed and sworn to before me this _____ day of _____, 20__

Notary Public

My Commission Expires