840 NW Blue Pluy @ SUMMITTAN ONTICAMIC

City of Lee's Summit

Department of Planning and Development Phone: (816) 969-1600 Fax: (816) 969-1619

Permit # PRSGN 2012 - 1960	912 +09/16
SIGN PERMIT A	PPLICATION
Project Business Name: MASSALE	Heights
Project Address/Location: 840 Nuc	Blue PKwy
Applicant:SANCIA BRAGU	1 Divier
Applicant's Address: 970-7 NW B	Lee Pkwy Lees Summit, MO64
Applicant's Phone & Fax #: 816-554	
Type of Sign: Check only one	
☐ Wall Sign (\$100)	Monument/Detached Sign (\$100)
Temporary Sign (\$50)	Directional Sign (\$50)
Illumination: Specify whether the sign is illum	ninated
☐ Illuminated *	☐ Non-Illuminated
*NOTE: IF BRANCH CIRCUIT IS NOT CURREN LICENSED ELECTRICAL CONTRACTOR MUST INSTALLATION. ALL SIGNS INVOLVING INTERNAL CIRCUITS SHALL DISPLAY A LABEL CERTII UNDERWRITER'S LABORATORIES, INC.	OBTAIN ELECTRICAL PERMIT PRIOR TO LIGHTS OR OTHER ELECTRICAL DEVICES OR
Sign Dimensions and Setbacks for Wall and M	lonument/Detached Signs
Height of sign: ft (X) Width of sign:	10 ft (=) Area of sign: 30 sq ft
Area of building façade/wall: sq ft	Total height of detached sign:ft
Setbacks: front property line:ft	rear property line: ft
side property line:ft	side property line: ft
The applicant understands that this permit is issued only fo plans and specifications. All rights and privileges accapplication thereto, are merely licenses revocable at any tin Director of Codes Administration.	quired under the provisions of this Ordinance, or any
Jandra K. B	8/29/12
Signature of Applicant	Date
For City use only, do not write below this line.	
Electrical Permit Required: NA □ Yes □ No	Zoning: CD ~ 2 Permit Fee: \$\\ \frac{\pi}{2} \\ \pi
ANIA LITES LING	Receipt #: 2012004a82
Signature of Codes Administration Plans Examiner	Approved: 1/15 (25 8/30/12 Planning and Development Date
Remarks:	VALID HAM SCOT (14)
Revised Jan. 2011	

MASSAGE HEIGHTTS. 7-Days a Week OPEN |-Hour Massage \$4999 Introductory 816-554-3438