## **Project Address**

## City of Lee's Summit

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

SIGN PERMIT APPLICATION			
Project Business Name: The Residences at Ed	chelon		
Project Address/Location: 3500 SW Hollywood		& MO150)	
Applicant: Midwest Sign Company			
Applicant's Address: 550 Stanley Rd Kansas C	ity, KS 66115		
Applicant's Phone & Fax #: 816-866-7446			
Type of Sign: Check only one			
☐ Wall Sign (\$100)	M	Monument/Detached Sig	n (\$100)
Temporary Sign (\$50)		Directional Sign (\$50)	,
Illumination: Specify whether the sign is illu	ıminated		
*NOTE: IF BRANCH CIRCUIT IS NOT CURRE LICENSED ELECTRICAL CONTRACTOR MUSINSTALLATION. ALL SIGNS INVOLVING INTERNACIRCUITS SHALL DISPLAY A LABEL CERTUNDERWRITER'S LABORATORIES, INC.	ST OBTAIN AL LIGHTS OF	ELECTRICAL PERMIT PR ROTHER ELECTRICAL DEV	RIOR TO ICES OR
Sign Dimensions and Setbacks for Wall and	Monument/L	Detached Signs	
Height of sign: ft (X) Width of sign:	10.6ff	t (=) Area of sign:53	sq ft
Area of building façade/wall: sq f	t Total heigh	t of detached sign:	ft
Setbacks: front property line: 210 f	t rea	r property line: 350	ft
side property line: 95 f	t side	e property line: 708	fi
The applicant understands that this permit is issued only <b>plans and specifications</b> . All rights and privileges a application thereto, are merely licenses revocable at any Director of Codes Administration.	acquired under	the provisions of this Ordinane	ce, or any
	06/27/20	<b>110</b>	
Ashlsy_Ramos Signature of Applicant	00/21/20	Date	
For City use only, do not write below this line.			
Electrical Permit Required:	Zoning:	Permit Fee:	
□ N/A □ Yes □ No	Receint #		
	•		
Signature of Codes Administration Plans Examiner	Approved	: Planning and Development	Date
Remarks:			