



# LEE'S SUMMIT MISSOURI

Permit #PRSGN \_\_\_\_\_ - \_\_\_\_\_

## SIGN PERMIT APPLICATION

Project Business Name: LIQUOR HOUSE  
Project Address/Location: 205 M-291 LEES SUMMIT, MO 64063  
Applicant: LEE MENDENHALL w/ KANSAS CITY SIGN COMPANY  
Applicant's Address: 8248 101st TERRACE, #13 KCMO 64153  
Applicant's Phone & Fax #: 816.216.6109  
Applicant's Email Address: lee@kansascitysigns.com

### Type of Sign: Check only one

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Wall Sign (\$100) | <input type="checkbox"/> Monument/Detached Sign (\$100) |
| <input type="checkbox"/> Temporary Sign (\$50)        | <input type="checkbox"/> Directional Sign (\$50)        |

### Illumination: Specify whether the sign is illuminated

- |  |  |
|--|--|
| <input type="checkbox"/> Illuminated * | <input type="checkbox"/> Non-Illuminated |
|--|--|

**\*NOTE:** IF BRANCH CIRCUIT IS NOT CURRENTLY AVAILABLE FOR ILLUMINATED SIGN, A LICENSED ELECTRICAL CONTRACTOR MUST OBTAIN ELECTRICAL PERMIT PRIOR TO INSTALLATION. ALL SIGNS INVOLVING INTERNAL LIGHTS OR OTHER ELECTRICAL DEVICES OR CIRCUITS SHALL DISPLAY A LABEL CERTIFYING IT AS BEING APPROVED BY THE UNDERWRITER'S LABORATORIES, INC.

### Sign Dimensions and Setbacks for Wall and Monument/Detached Signs

Height of sign: 36" ft (X) Width of sign: 30' 7" ft (=) Area of sign: 92.1 sq ft  
Area of building façade/wall: 1140 sq ft Total height of detached sign: 3' ft

**Setbacks:** front property line: 371 ft rear property line: 481 ft  
side property line: 458 ft side property line: 430 ft

The applicant understands that this permit is issued only for work described here in and included in **accompanying plans and specifications**. All rights and privileges acquired under the provisions of this Ordinance, or any application thereto, are merely licenses revocable at any time by the Director of Development Services Department.

Signature of Applicant

7/30/19

Date

**For City use only, do not write below this line.**

Electrical Permit Required:  
☐ N/A ☐ Yes ☐ No

Zoning: \_\_\_\_\_ Permit Fee: \_\_\_\_\_

Receipt #: \_\_\_\_\_

Signature of Plans Examiner

Approved: \_\_\_\_\_

Planning Division Approval Date

**Remarks:**