

Permit #PRSGN _____ - _____

SIGN PERMIT APPLICATION

Project Business Name: Sleep Solutions Outlet

Project Address/Location: 1041 NE Sam Walton Lane, Lee's Summit, MO 64086

Applicant: Tiffanni Sanstra / Midtown Signs, LLC

Applicant's Address: 2416 S 8th Street, Kansas City, KS 66103

Applicant's Phone & Fax #: Phone: 913-766-7479 / Fax: 913-766-1470

Applicant's Email Address: tiffanni@midtownsigns.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 checked="" 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: 3.66 ft (X) Width of sign: 26.81 ft (=) Area of sign: 98.3 sq ft

Area of building façade/wall: 1020 sq ft Total height of detached sign: n/a ft

Setbacks: front property line: 122' ft rear property line: 90' ft

side property line: 0' ft side property line: 150' 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

 11/4/2019
 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: