



LEE'S SUMMIT MISSOURI

Permit #PRSGN 2020 - 1247

SIGN PERMIT APPLICATION

Project Business Name: Kansas City Facial & Oral Surgery
Project Address/Location: 2931 NE Independence Ave Lees Summit, MO 64064
Applicant: Impact Sign Awnings Wraps
Applicant's Address: 28105 Hwy 65 Sedalia MO 65301
Applicant's Phone & Fax #: 816-881-4800 Fax: 816-826-4171
Applicant's Email Address: admin@impact4800.com

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 illuminated

- ☒ Illuminated * ☐ 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: 5.6 ft (X) Width of sign: 17 ft (=) Area of sign: 95.2 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 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.

Nick Ballen
Signature of Applicant

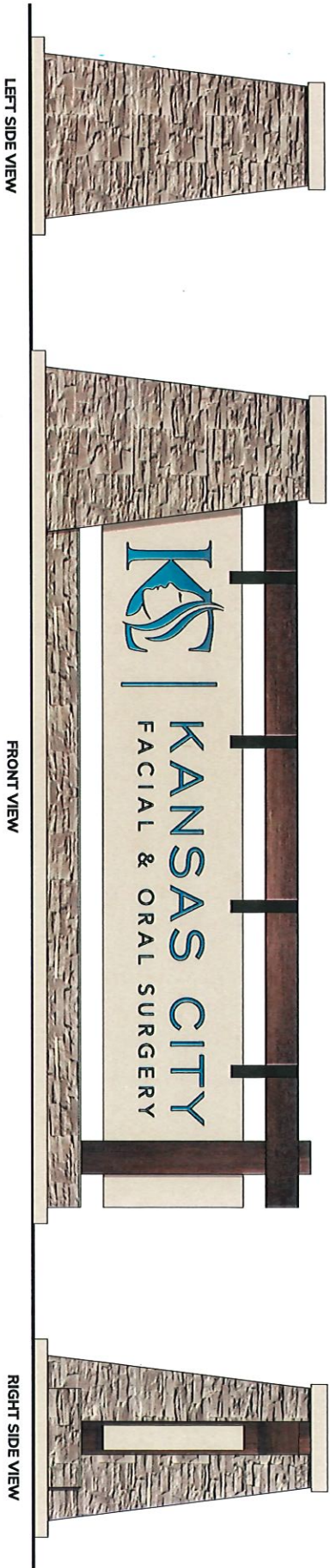
5/13/2020
Date

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

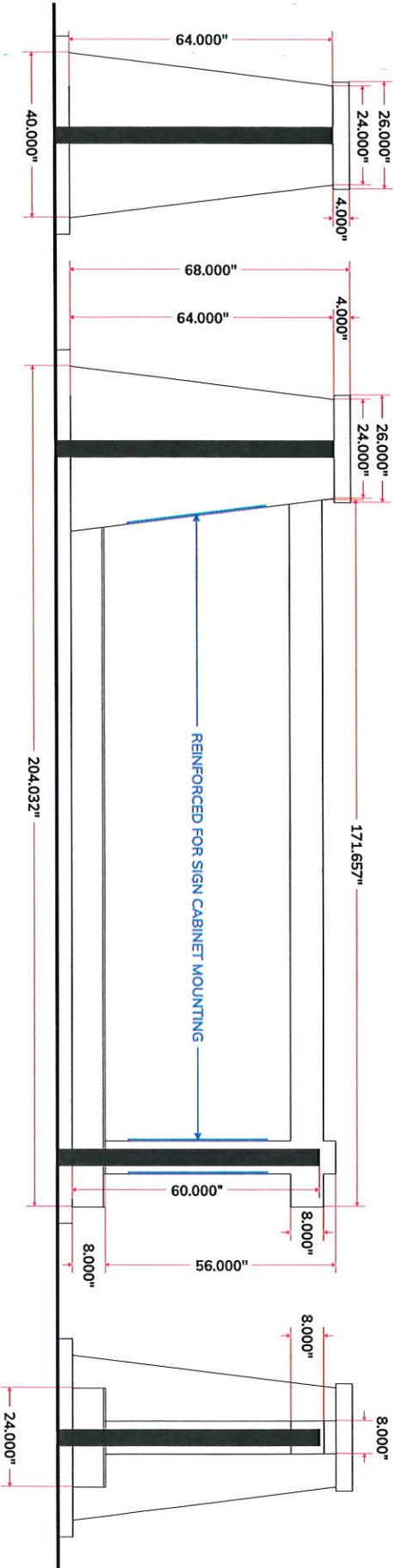
Electrical Permit Required: ☐ N/A ☐ Yes ☐ No Zoning: CP-2 Permit Fee: \$100
Receipt #: _____
Approved: _____
Signature of Plans Examiner Planning Division Approval Date

Remarks:

SINGLE-SIDED MONUMENT SIGN



STONE MONUMENT BASE



PROJECT		SALESPERSON: DAVID GOODSON		ARTIST: MIKE ANDERSON		FILE NAME: LDC/584157ROOMMONUMENT BASE DIMENSIONS DATE: 2/11/2020	
LDC		DESIGN APPROVAL		YES		NO, SPECIFY CHANGES BELOW	
SIGNATURE:		DATE:		REVISIONS		IMPACT SIGNS - AVININGS - WHOLDS	
IMPACT		0000		IMPACTSIGNS.COM		COPYRIGHT NOTICE	
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USE MAY CONSTITUTE A COPYRIGHT INFRINGEMENT RESULTING IN		DAMAGES AND LEGAL FEES. SEE U.S. COPYRIGHT ACT 17, U.S.C. 12.		DISCLAIMER		THIS DRAWING IS A COMPUTER GENERATED RENDERING	
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TO COLOR RESTRICTIONS.							