City of Lee's Summit Department of Planning and Development Phone: (816) 969-1600 Fax: (816) 969-1619	
Permit # PRSGN 2020 _ 0711	
SIGN PERMIT APPLICATION	
Project Business Name: <u>Aristocrat Pre-Owned</u>	
Project Address/Location: _704 Southeast Oldh	nam Court
Applicant: Ashley Ramos - Midwest Sign Cor	mpany
Applicant's Address: 550 Stanley Rd Kansas City KS 66115	
Applicant's Phone & Fax #:620-332-9223 direct 816-866-7446 main office	
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 * Illuminated	
<u>*NOTE:</u> IF BRANCH CIRCUIT IS NOT CURREN LICENSED ELECTRICAL CONTRACTOR MUST INSTALLATION. ALL SIGNS INVOLVING INTERNAL CIRCUITS SHALL DISPLAY A LABEL CERTIF UNDERWRITER'S LABORATORIES, INC.	OBTAIN ELECTRICAL PERMIT PRIOR TO LIGHTS OR OTHER ELECTRICAL DEVICES OR FYING IT AS BEING APPROVED BY THE
Sign Dimensions and Setbacks for Wall and Monument/Detached Signs	
Height of sign: <u>11.3</u> ft (X) Width of sign:	
Area of building façade/wall: sq 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 plans and specifications . All rights and privileges acc application thereto, are merely licenses revocable at any til Director of Codes Administration.	quired under the provisions of this Ordinance, or any
Ashley Ramos Signature of Applicant	03/17/2020 Date
For City use only, do not write below this line.	
Electrical Permit Required:	Zoning: <u>CS</u> Permit Fee: <u>\$100</u>
□ N/A □ Yes □ No	Receipt #:
Signature of Codes Administration Plans Examiner	Approved: Planning and Development Date
<u>Remarks:</u>	