

Permit #PRSGN 2020 – 2130

SIGN PERMIT APPLICATION

Project Business Name: The Manor Homes of Arborwalk (Entrance Sign) _____

Project Address/Location: 1318 SW Manor Lake Dr. Lee's Summit, MO 64082 _____

Applicant: Signarama Kansas City North _____

Applicant's Address: 1005 Middlebrook Dr. Liberty, MO 64068 _____

Applicant's Phone & Fax #: 816-429-6925 _____

Applicant's Email Address: lisa@signarama-kcnorth.com _____

Type of Sign: Check only one

- | | |
|--|---|
| <input 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: 4 _____ ft (X) Width of sign: 1.66 _____ ft (=) Area of sign: 6.64 _____ sq ft

Area of building façade/wall: _____ sq ft Total height of detached sign: _____ ft

Setbacks: front property line: 12 _____ ft rear property line: _____ ft
side property line: 6 _____ 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.

Signature of Applicant

Date

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

Electrical Permit Required:

☐ N/A ☐ Yes ☐ No

Zoning: PMIX Permit Fee: \$100

Receipt #: _____

Signature of Plans Examiner

Approved: _____
Planning Division Approval Date

Remarks: