



LEE'S SUMMIT MISSOURI

Permit #PRSGN 2020 - 2757

SIGN PERMIT APPLICATION

Project Business Name: Salon & Spa by Crist
Project Address/Location: 200 SW 3rd St Lsmo 64063
Applicant: Janel Schick
Applicant's Address: 804 NE Emily Ln Lsmo 64086
Applicant's Phone & Fax #: 816-803-7218
Applicant's Email Address: janel.schick@gmail.com

Type of Sign: Check only one

- | | |
|---|---|
| <input type="checkbox"/> Wall Sign (\$100) | <input type="checkbox"/> Monument/Detached Sign (\$100) |
| <input checked="" 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: 3 ft (X) Width of sign: 12 ft (=) Area of sign: 36 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.

Signature of Applicant Date

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

Electrical Permit Required: _____ Zoning: P0 Permit Fee: 50
☐ N/A ☐ Yes ☐ No Receipt #: 2020053135

Signature of Plans Examiner Approved: [Signature]
Planning Division Approval Date

Remarks: Sharp Date 9-17-20



LEE'S SUMMIT MISSOURI

OWNERSHIP AFFIDAVIT

STATE OF MISSOURI)

ss.

COUNTY OF JACKSON)

Comes now Janel Schick (owner)

who being duly sworn upon his/her oath, does state that he/she is the owner of the property

legally described as Salon & Spa de Crist

in the Sign Application. Owner acknowledges the submission of said application for the subject property under the City of Lee's Summit Unified Development Ordinance.

Dated this _____ day of _____, 20____

Signature of Owner

Janel Schick

Printed Name

Subscribed and sworn to before me this _____ day of _____, 20____

Notary Public

My Commission Expires



LEE'S SUMMIT MISSOURI

SIGN PERMIT AUTHORIZATION

Comes now Janel Schick, who being
(landlord or property owner)

duly sworn upon his/her oath, does state that he/she is the landlord or property owner that has
given permission to the applicant to place signage at: 200 SW 3rd St.
LSMO 64063
(location address)

Dated this _____ day of _____, 20____

Janel Schick
Signature of Landlord or Property Owner

Janel Schick
Printed Name



LEE'S SUMMIT MISSOURI

SIGN APPLICATION

1. PROPERTY LOCATION/ADDRESS: 200 SW 3rd St (SM) 64063
2. BUSINESS NAME: Salon & Spa De Crist
3. LEGAL DESCRIPTION (attach if description is metes and bounds description): Salon + Spa + Retail
4. TYPE(S) OF SIGN REQUESTED: _____
5. NUMBER OF SIGN(S) REQUESTED: _____
-
6. APPLICANT Janel Schick PHONE 816-803-7218
CONTACT PERSON Janel Schick FAX NA
ADDRESS 804 NE Emily Ln CITY/STATE/ZIP SMO 64063
E-MAIL JanelSchick@gmail.com
7. PROPERTY OWNER(S) Brian & Janel Schick PHONE 816-803-7218
CONTACT PERSON either one FAX NA
ADDRESS above CITY/STATE/ZIP _____
E-MAIL _____
8. OTHER CONTACTS Brian Schick PHONE 816-668-6497
CONTACT PERSON _____ FAX _____
ADDRESS _____ CITY/STATE/ZIP _____
E-MAIL _____
9. OTHER CONTACTS _____ PHONE _____
CONTACT PERSON _____ FAX _____
ADDRESS _____ CITY/STATE/ZIP _____
E-MAIL _____

All applications require the signature of the owner on the application and on the ownership affidavit. Applications without the proper signatures will be deemed incomplete and will not be processed.

Janel Schick
PROPERTY OWNER
Print name: Janel Schick

Janel Schick
APPLICANT

Receipt #: _____ Date Filed: _____ Processed by: _____ Application # _____