

Permit #PRSGN 2020 - 3161

SIGN PERMIT APPLICATION

Project Business Name: Starbucks #63039

Project Address/Location: 150 SW Hwy M-150

Applicant: Midwest Sign Company - Ashley Ramos (Agent)

Applicant's Address: 550 Stanley Rd Kansas City, KS 66115

Applicant's Phone & Fax #: 620-332-9223 direct 816-866-7446 main office

Applicant's Email Address: ashley@midwestsigncompany.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: 5.9 ft (X) Width of sign: 5.9 ft (=) Area of sign: 27.49 sq ft

Area of building façade/wall: 885.8 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.

Ashley Ramos
Signature of Applicant

09/17/2020
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 #: _____

Signature of Plans Examiner

Approved: _____
 Planning Division Approval Date

Remarks:

Project Address