



LEE'S SUMMIT MISSOURI

Permit #PRSGN 2020 – 3543

SIGN PERMIT APPLICATION

Project Business Name: Longview Nutrition

Project Address/Location: 3360 SW Fascination Dr Lee's Summit mo 64081

Applicant: FASTSIGNS Independence

Applicant's Address: 17331 E US HWY 40 Suite 104 Independence MO 64055

Applicant's Phone & Fax #: 8162520909

Applicant's Email Address: 223@fastsigns.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 type="checkbox"/> Illuminated * | <input checked="" 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: 1.3 ft (X) Width of sign: 23 ft (=) Area of sign: 29.90 sq ft

Area of building façade/wall: 375 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.

Stan Hoffman

Signature of Applicant

10/06/2020

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: