



## DEVELOPMENT SERVICES

<b>Sign Permit</b> <b>Project Title:</b> Fender Family Dentistry <b>Work Desc:</b> Sign	<b>Permit No:</b> PRSGN20204253 <b>Date Issued:</b> November 16, 2020
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<b>Project Address:</b> 519 SW 3RD ST, Unit:G, LEES SUMMIT, MO 64063  <b>Legal Description:</b> SHAMROCK ADD RES (LS) LOT 1 (EX PT TAKEN FOR ROW) & ALL OF LOTS 2 & 5  <b>Parcel No:</b> 614200137000000000  <b>County:</b> JACKSON	<b>Permit Holder:</b> DIGITAL NICHE 952 SE 7TH TER LEES SUMMIT, MO 64063
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<b>Activities Included for this Project:</b> Sign Permit,
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THIS PERMIT IS ISSUED IN RELIANCE UPON INFORMATION SUBMITTED BY THE APPLICANT. THE BUILDING OFFICIAL MAY SUSPEND OR REVOKE WHENEVER THE PERMIT IS ISSUED IN ERROR, OR ON THE BASIS OF INCORRECT INFORMATION SUPPLIED, OR IN VIOLATION OF ANY ADOPTED CODE, CITY ORDINANCE OR REGULATIONS.  
NOTICE: THE DISPOSAL OF DEMOLITION WASTE IS REGULATED BY THE DEPARTMENT OF NATURAL RESOURCES UNDER CHAPTER 260 RSMO. SUCH WASTE, IN TYPES AND QUANTITIES ESTABLISHED BY THE DEPARTMENT, SHALL BE TAKEN TO A DEMOLITION LANDFILL OR A SANITARY LANDFILL FOR DISPOSAL.

## CONDITIONS

One or more divisions have conditions that have not been addressed during the review period. The outstanding conditions provided below shall be met as indicated during the construction period.

Signature of Applicant: _____		Date: _____	
Print name: _____		Company Name: _____	