



Permit #PRSGN _____ - _____

SIGN PERMIT APPLICATION

Project Business Name: Dialysis Clinic, Inc.

Project Address/Location: 2001 NW Shamrock Ave

Applicant: FASTSIGNS of Lee's Summit

Applicant's Address: 1163 SE Oldham Pkwy

Applicant's Phone & Fax #: (816) 600-0264

Applicant's Email Address: 2282@fastsigns.com

Type of Sign: Check only one

☒ Wall Sign (\$100)

☐ Monument/Detached Sign (\$100)

☐ Temporary Sign (\$50)

☐ Directional Sign (\$50)

Illumination: Specify whether the sign is illuminated

☒ Illuminated *

☐ 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: 4.5 ft (X) Width of sign: 6.5 ft (=) Area of sign: 29.25 sq ft

Area of building façade/wall: 1,884 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:

☐ N/A

☐ Yes

☐ No

Zoning: _____ Permit Fee: _____

Receipt #: _____

Signature of Plans Examiner

Approved: _____

Planning Division Approval Date

Remarks: