

# **LEE'S SUMMIT** MISSOURI

Permit #PRSGN \_\_\_\_\_ - \_\_\_\_\_

## SIGN PERMIT APPLICATION

Project Business Name: Kidney Associates of Kansas City

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

- |   |   |
|---|---|
| <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.

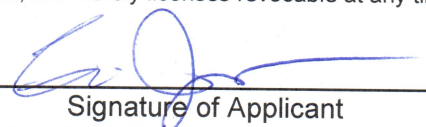
### Sign Dimensions and Setbacks for Wall and Monument/Detached Signs

Height of sign: 3 ft (X) Width of sign: 5.5 ft (=) Area of sign: 16.5 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

11/16/2020  
 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:**