



LEE'S SUMMIT MISSOURI

Permit #PRSGN _____ - _____

SIGN PERMIT APPLICATION

Project Business Name: STROUDS EXPRESS

Project Address/Location: 1736 NW CHIPMAN

Applicant: ART OF ILLUMINATION

Applicant's Address: 8650 N. Winter Ave #202 KC MO 6415

Applicant's Phone & Fax #: 816-682-8185

Applicant's Email Address: Thermelink@gmail.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: 4.16 ft (X) Width of sign: 10' ft (=) Area of sign: 41.6 sq ft

Area of building façade/wall: 551 sq ft Total height of detached sign: _____ ft

Setbacks: front property line: 100+ ft rear property line: 100+ ft

side property line: 100+ ft side property line: 100+ 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.

Tony Hunk
Signature of Applicant

12-17-20
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: