

Permit #PRSGN _____ - _____

SIGN PERMIT APPLICATION

Project Business Name: Whataburger

Project Address/Location: 1450 NE Douglas

Applicant: Reaching Solutions

Applicant's Address: 15735 S US 169 Hwy., #16 Olathe, KS 66062

Applicant's Phone & Fax #: 913-485-6863

Applicant's Email Address: reachingsolutions@gmail.com

Type of Sign: Check only one

- | | |
|--|--|
| <input type="checkbox"/> Wall Sign (\$100) | <input checked="" 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: 5' ft (X) Width of sign: 68" ft (=) Area of sign: 46.66 sq ft

Area of building façade/wall: _____ sq ft Total height of detached sign: 6.5' ft

Setbacks: front property line: 50' ft rear property line: _____ ft
 side property line: 50' 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	<u>3/29/21</u> _____ Date
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For City use only, do not write below this line.

Electrical Permit Required: <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	Zoning: _____ Permit Fee: _____
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Receipt #: _____

_____ Signature of Plans Examiner	Approved: _____ Planning Division Approval Date
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Remarks:

Project Address