



# LEE'S SUMMIT MISSOURI

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

## SIGN PERMIT APPLICATION

Project Business Name: Virtue Medical

Project Address/Location: 612 SW 3rd St

Applicant: Royal Signs & Graphics, Inc (Mark Jones)

Applicant's Address: 1921 SW US 40 Hwy Suite D

Applicant's Phone & Fax #: 816-229-7728 (no fax)

Applicant's Email Address: mark@royalsignskc.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: 2' ft (X) Width of sign: 9' ft (=) Area of sign: 18 sq ft

Area of building façade/wall: 404 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

2/16/22

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:



## SIGN PERMIT AUTHORIZATION

Comes now BRAD COX, who being  
(landlord or property owner)

duly sworn upon his/her oath, does state that he/she is the landlord or property owner that has

given permission to the applicant to place signage at: 6180 SW 3RD ST.

LEE'S SUMMIT, MO 64063  
(location address)

Dated this 26 day of January, 2022

A handwritten signature of Brad Cox in black ink.

Signature of Landlord or Property Owner

BRAD COX

Printed Name



# Virtual Medical

816-229-7728 [www.royalsignskc.com](http://www.royalsignskc.com)

2' x 9' flat panel sign mounted directly to building facade

