

Hill Pro-Motion

816-229-7728 www.royalsignskc.com

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SIGN	PERMIT A	APPLICA	TION	
Project Business Name: <u>Hill Pro-</u>	Motion Phys	sical Therap	<u>by</u>	
Project Address/Location:729 NE	ELakewood	Blvd		
Applicant: <u>Royal Signs & Graphi</u>	ics Inc			
Applicant's Address: <u>1921 SW US</u>				
Applicant's Phone & Fax #: _ Ph 816-	229-7728 (no fax)		
Applicant's Email Address: <u>mark@r</u>	oyalsignsko	c.com		
Type of Sign: Check only one				
Wall Sign (\$100)			Monument/Detached Sig	gn (\$100)
Temporary Sign (\$50)			Directional Sign (\$50)	
Illumination: Specify whether the	sign is illum	ninated		
Illuminated *			Non-Illuminated	
INSTALLATION. ALL SIGNS INVOLVIN CIRCUITS SHALL DISPLAY A LA UNDERWRITER'S LABORATORIES, IN	BEL CERTIF			
Sign Dimensions and Setbacks for	r Wall and M	lonument/D	etached Signs	
Height of sign: <u>1'-5</u> " ft (X) Wid	Ith of sign: _	<u>20'</u> ft	(=) Area of sign: <u>28'-</u>	<u>⋅6"</u> sq ft
Area of building façade/wall: 33	<u>8</u> sq ft	Total heigh	t 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 plans and specifications . All rights and priv thereto, are merely licenses revocable at any	ileges acquired	under the prov	isions of this Ordinance, or any	
- Men A			014/00	
11 still with	_		<u>9/1/22</u> Date	
Signature of Applicant				
Signature of Applicant	is line.			
For City use only, do not write below the	is line.	Zonina:		
C	is line.		Permit Fee:	
<i>For City use only, do not write below the</i> Electrical Permit Required:	is line.			
<i>For City use only</i> , <i>do not write below the</i> Electrical Permit Required:	is line.		Permit Fee:	Date



SIGN PERMIT AUTHORIZATION

Comes now Brett Davis , who being 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: 77.9 NE Lakewood Blvd. Lees Summit MO 64086 (location address) Dated this _____ day of _____, 20_27_ Re-D Signature of Landlord or Property Owner Srett ß

Printed Name



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SIGN F	PERMIT APPLICATION
Project Business Name: <u>Hill Pro-N</u>	lotion Physical Therapy
Project Address/Location: 729 NE	Lakewood Blvd
Applicant: <u>Royal Signs & Graphic</u>	es Inc
Applicant's Address: <u>1921 SW US</u>	
Applicant's Phone & Fax #:Ph 816-2	29-7728 (no fax)
Applicant's Email Address:mark@rd	
Type of Sign: Check only one	
Wall Sign (\$100)	Monument/Detached Sign (\$100)
Temporary Sign (\$50)	Directional Sign (\$50)
Illumination: Specify whether the s	ign is illuminated
Illuminated *	Non-Illuminated
	G INTERNAL LIGHTS OR OTHER ELECTRICAL DEVICES OF EL CERTIFYING IT AS BEING APPROVED BY THE
Sign Dimensions and Setbacks for	Wall and Monument/Detached Signs
Height of sign: <u>1'-5</u> " ft (X) Wid	h of sign: <u>20'</u> ft (=) Area of sign: <u>28'-6"</u> sq f
Area of building façade/wall:297	sq ft Total height of detached sign: f
Setbacks: front property line:	ft rear property line: f
side property line:	ft side property line:f
plans and specifications. All rights and privi	ssued only for work described here in and included in accompanying eges acquired under the provisions of this Ordinance, or any application ime by the Director of Development Services Department.
- Marina A	0/4/00
Signature of Applicant	
For City use only, do not write below this	
Electrical Permit Required:	Zoning: Permit Fee:
□ N/A □ Yes □ No	·
	Receipt #:
	Approved: Planning Division Approval Date
Signature of Plans Examiner	



SIGN PERMIT AUTHORIZATION

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Printed Name