

City of Lee's Summit

Department of Planning and Development

Phone: (816) 969-1600 Fax: (816) 969-1619

Permit # **PRSGN** _____ - _____

SIGN PERMIT APPLICATION

Project Business Name: Care Now

Project Address/Location: 3501 SW Market St

Applicant: Abigail Gaines / Midwest Sign Company

Applicant's Address: 550 Stanley Rd Kansas City Kansas 66115

Applicant's Phone & Fax #: 816-682-0291

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: 4.3 ft (X) Width of sign: 12.3 ft (=) Area of sign: 53 sq ft

Area of building façade/wall: _____ sq ft Total height of detached sign: 7.6 ft

Setbacks: front property line: 10 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 Planning and Development of the Director of Codes Administration.

Abby Gaines

Signature of Applicant

11/16/2022

Date

For City use only, do not write below this line.

Electrical Permit Required:

☐ N/A ☐ Yes ☐ No

Zoning: _____ Permit Fee: _____

Receipt #: _____

Approved: _____

Signature of Codes Administration Plans Examiner

Planning and Development

Date

Remarks: Sing cabinet is being added to the already existing monument base.