

# **LEE'S SUMMIT** MISSOURI

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

**SIGN PERMIT APPLICATION**

Project Business Name: Lakewood Orthodontics

Project Address/Location: 1399 Douglas St.

Applicant: Elgie Long Jr - Signway

Applicant's Address: 6714 S. Shippy Blue Springs Mo 64014

Applicant's Phone & Fax #: 816-224-2949 Cell-816-589-0236

Applicant's Email Address: signwayco@att.net

**Type of Sign: Check only one**

- |                                                       |                                                         |
|-------------------------------------------------------|---------------------------------------------------------|
| <input checked="" type="checkbox"/> Wall Sign (\$100) | <input 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: 3'11" ft (X) Width of sign: 18'4" ft (=) Area of sign: 71.85 sq ft

Area of building façade/wall: 720 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.

Elgie Long Jr  
 Signature of Applicant

1-10-2023  
 Date

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

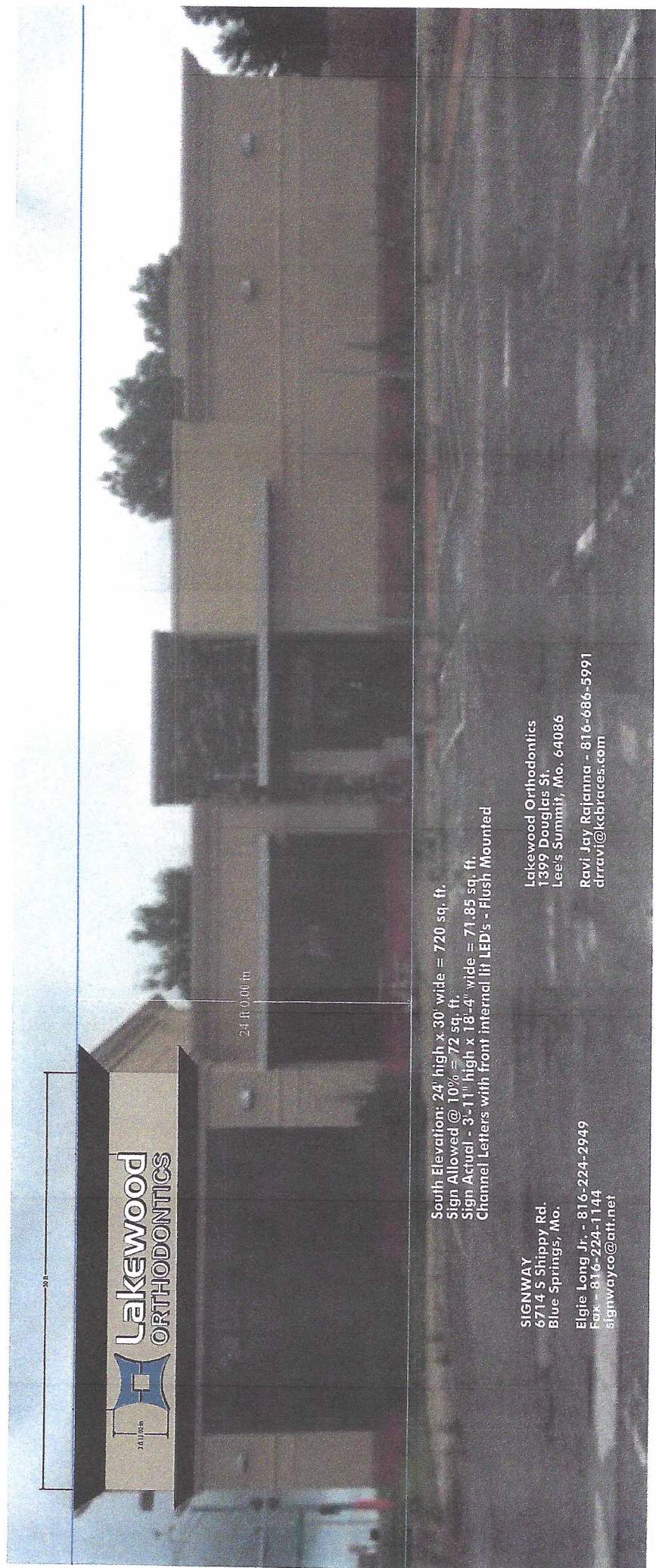
Electrical Permit Required:  N/A  Yes  No Zoning: \_\_\_\_\_ Permit Fee: \_\_\_\_\_

Receipt #: \_\_\_\_\_

Signature of Plans Examiner \_\_\_\_\_ Approved: \_\_\_\_\_  
 Planning Division Approval Date

**Remarks:**

Project Address



24'

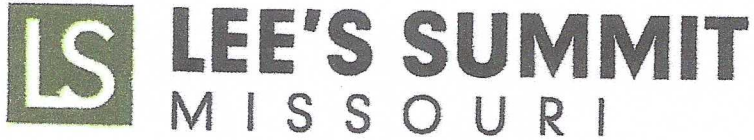
24 ft 0.00 m

  
**Lakewood**  
ORTHODONTICS

South Elevation: 24' high x 30' wide = 720 sq. ft.  
Sign Allowed @ 10% = 72 sq. ft.  
Sign Actual - 3'-11" high x 18'-4" wide = 71.85 sq. ft.  
Channel Letters with front internal lit LED's - Flush Mounted

**SIGNWAY**  
6714 S Shippy Rd.  
Blue Springs, Mo.  
Elgie Long Jr. - 816-224-2949  
Fax - 816-224-1144  
signwayco@att.net

Lakewood Orthodontics  
1399 Douglas St.  
Lee's Summit, Mo. 64086  
Ravi Jay Rajanna - 816-686-5991  
drravi@kcbraces.com



## SIGN PERMIT AUTHORIZATION

Comes now Ravi Rajanna, 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: 1399 Douglas St

(location address)

Dated this 10th day of January, 2023

A handwritten signature in black ink, appearing to read 'Ravi Rajanna', written over a horizontal line.

Signature of Landlord or Property Owner

Ravi Rajanna

Printed Name