

## **DEVELOPMENT SERVICES**

| Sign Permit  | Permit No: PRSGN20242286                                      |
|--|---|
| Project Title: LEES SUMMIT MEDICAL CENTER AMBULATORY                     | Date Issued: May 09, 2024                                     |
| SURGERY CENTER   |   |
| Work Desc: SIGN  |   |
|  |   |
| Project Address:   | Permit Holder:  |
| 1950 SE BLUE PKWY, LEES SUMMIT, MO 64063                                 | LTD SIGNS & GRAPHICS LLC                                      |
|  | 1120 E 13TH ST  |
| Legal Description:   | KANSAS CITY, MO 64106   |
| Parcel No: 290953  |   |
| County: JACKSON  |   |
| Activities Included for this Project:                                    |   |
| Sign Permit,   |   |
|  |   |
| THIS PERMIT IS ISSUED IN RELIANCE UPON INFORMATION SU                    | BMITED BY THE APPLICANT. THE BUILDING OFFICIAL MAY            |
| SUSPEND OR REVOKE WHENEVER THE PERMIT IS ISSUED IN E                     | •   |
| SUPPLIED, OR IN VIOLATION OF ANY ADOPTED CODE, CITY OF                   |   |
| NOTICE: THE DISPOSAL OF DEMOLITION WASTE IS REGULATED                    |   |
| CHAPTER 260 RSMO. SUCH WASTE, IN TYPES AND QUANTITIE                     | •   |
| DEMOLITION LANDFILL OR A SANITARY LANDFILL FOR DISPOS                    | AL.   |
| CONI   | DITIONS   |
|  |   |
| One or more divisions have conditions that have not been a               | ddressed during the review period. The outstanding conditions |
| provided below shall be met as indicated during the construction period. |   |
|  |   |
|  |   |
| Signature of   |   |
| Applicant:   | Date:   |
|  |   |
| Print name:  | Company Name:   |