



LEE'S SUMMIT MISSOURI

Permit #PRSGN _____ - _____

SIGN PERMIT APPLICATION

Project Business Name: St. Luke's Hospital

Project Address/Location: 100 NE Saint Lukes Blvd

Applicant: Luminous Neon LLC / Celina Gerling

Applicant's Address: 1805 E. 123rd St. Olathe KS 66061

Applicant's Phone & Fax #: 913-780-3330

Applicant's Email Address: celinagerling@gmail.com

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: 3'6 1/2 ft (X) Width of sign: 24.5 ft (=) Area of sign: 85.15 sq ft
Area of building façade/wall: 12471 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.

Celina Gerling
Signature of Applicant

6/25/24
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:



LEE'S SUMMIT MISSOURI

SIGN PERMIT AUTHORIZATION

Comes now Saint Luke's East Hospital, 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: _____

100-120 NE Saint Luke's Boulevard, Lee's Summit, MO 64086

(location address)

Dated this 25th day of June, 2024

Signature of Landlord or Property Owner

Sean Handley, Project Manager

Printed Name



PROPOSED

3'-6 1/2"

18'8 3/4"



3'-6 1/2"

2'-10"

2'-4 1/2"

All noted dimensions are approximate and may be modified slightly during manufacturing to allow proper component usage.

SPECIFICATIONS:

- SAINT LUKE'S EAST OUTPATIENT MAIN ID
- PRODUCE AND INSTALL (1) SET OF FLUSH MOUNTED INTERNALLY-ILLUMINATED PAN CHANNEL LETTERS/LOGO
- "LOGO/SAINT LUKE'S" - WHITE FACES WITH BLUE TRM CAPS, PMS 540C BLUE RETURNS, LOGO OVERLAP WITH 3630-36 BLUE VINYL ILLUMINATES WITH WHITE LEDS
- INSTALLS FLUSH TO STONE FASCIA WITH TRANSFORMERS LOCATED BEHIND BUILDING WALL
- REQUIRES INTERNAL SCAFFOLDING/STAGING FOR INSIDE STAIRWELL AS WELL AS RENTAL LIFT FOR OUTSIDE REACH

PMS 540C BLUE
3630-36 BLUE



LUMINOUS
ART & SIGN SYSTEMS

CUSTOMER: SAINT LUKE'S EAST HOSPITAL
NAME: ANDY AMOR
LOCATION: 100 NE ST LUKES BLVD
LEE'S SUMMIT, MO 64086

DATE: 6/18/24
DESIGN NO: QIT-25265
ARTIST: JH

SCALE: 1/2" = 1'

APPROVED: DATE

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