

Temporary Sign (\$50) Illumination: Specify whether the sign is illuminated Illumination: Specify whether the sign is illuminated Illuminated *	ukes Blyd na Gerling Olathe KS Gloc
Project Address/Location: 100 NE Saint L Applicant: Luminals Neon LLC Celul Applicant's Address: 1805 £ . 123rd St. Applicant's Phone & Fax #: 913 - 780 - 3330 Applicant's Email Address: Celinager Ling Og Mail Applicant Specify whether the sign is illuminated Applicant Specify Specif	Con Con Con (\$100)
Applicant: Lunuous Neon LLC I Cele Applicant's Address: 1805 £. 123rd st. Applicant's Phone & Fax #: 913 - 780 - 3330 Applicant's Email Address: Celinoger Ling Concile Type of Sign: Check only one Wall Sign (\$100)	Con Con Con (\$100)
Applicant's Address:	Con. Con.
Applicant's Email Address:	onument/Detached Sign (\$100)
Applicant's Email Address:	conument/Detached Sign (\$100)
Applicant's Email Address:	onument/Detached Sign (\$100)
Wall Sign (\$100) Temporary Sign (\$50) Illumination: Specify whether the sign is illuminated Illuminated * NOTE: IF BRANCH CIRCUIT IS NOT CURRENTLY AVAILABLE ICENSED ELECTRICAL CONTRACTOR MUST OBTAIN ELENSTALLATION. ALL SIGNS INVOLVING INTERNAL LIGHTS OR OT CIRCUITS SHALL DISPLAY A LABEL CERTIFYING IT AS UNDERWRITER'S LABORATORIES, INC. Sign Dimensions and Setbacks for Wall and Monument/Detalleight of sign: 13" ft (X) Width of sign: 21'5" ft (= Area of building façade/wall: 2471 sq ft Total height of Setbacks: front property line: ft rear property line: ft side property	onument/Detached Sign (\$100)
Temporary Sign (\$50) Illumination: Specify whether the sign is illuminated Illuminated *	
Illumination: Specify whether the sign is illuminated Illuminated *	rectional Sign (\$50)
Illuminated *	
INOTE: IF BRANCH CIRCUIT IS NOT CURRENTLY AVAILABLE CENSED ELECTRICAL CONTRACTOR MUST OBTAIN ELECTRICAL CONT	
LICENSED ELECTRICAL CONTRACTOR MUST OBTAIN ELECTRICATION. ALL SIGNS INVOLVING INTERNAL LIGHTS OR OT CIRCUITS SHALL DISPLAY A LABEL CERTIFYING IT AS UNDERWRITER'S LABORATORIES, INC. Sign Dimensions and Setbacks for Wall and Monument/Detain Height of sign: 3" ft (X) Width of sign: 21'5" ft (= Area of building façade/wall: 24'7' sq ft Total height of Setbacks: front property line: ft rear property line: ft side property line: ft side property line: ft side property lines and specifications. All rights and privileges acquired under the provision thereto, are merely licenses revocable at any time by the Director of Development Signature of Applicant For City use only, do not write below this line. Electrical Permit Required: Zoning:	on-Illuminated
Height of sign: 13" ft (X) Width of sign: 215" ft (= Area of building façade/wall: 12471 sq ft Total height of Setbacks: front property line: ft rear proside property line: ft side property line:	BEING APPROVED BY THE
Area of building façade/wall: 12471 sq ft Total height of Setbacks: front property line:ft rear proside property line:ft side property line:	
Setbacks: front property line:ft rear property line:ft side property line:	
Side property line:ft side property line is issued only for work described here and specifications. All rights and privileges acquired under the provision thereto, are merely licenses revocable at any time by the Director of Development	letached sign:ft
The applicant understands that this permit is issued only for work described helans and specifications. All rights and privileges acquired under the provision thereto, are merely licenses revocable at any time by the Director of Development Signature of Applicant For City use only, do not write below this line. Electrical Permit Required: Zoning:	perty line: ft
Signature of Applicant For City use only, do not write below this line. Electrical Permit Required: Zoning:	perty line:ft
Signature of Applicant For City use only, do not write below this line. Electrical Permit Required: Zoning:	s of this Ordinance, or any application
Signature of Applicant For City use only, do not write below this line. Electrical Permit Required: N/A No	nt Services Department.
Electrical Permit Required: Zoning:	nt Services Department.
□N/A □Yes □No	nt Services Department. 0/25/24 Date
□N/A □Yes □No	nt Services Department. 2/25/24 Date
	nt Services Department. O 25 24 Date
	Date Permit Fee:
Signature of Plans Examiner Approved: Plans	nt Services Department. O 25 24 Date
angliance and the account of	Date Permit Fee:

Physical Appell, 2015)



SIGN PERMIT AUTHORIZATION

Comes now _	Saint	Luke's East Hospital , who being
	(land	flord or property owner)
duly sworn u	pon his/her oa	ith, does state that he/she is the landlord or property owner that has
given permiss	sion to the ap	plicant to place signage at:
	100-	120 NE Saint Luke's Boulevard, Lee's Summit, MO 64086
		(location address)
Dated this	25th	day of, 20 <u>24</u>
		San Fardley
		Signature of Landlord or Property Owner
		Sean Handley, Project Manager
		Printed Name



1.81/4 butpatient Surgery (

PMS 540C BLUE

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

SAINT LUKE'S EAST OUTPATIENT SLIRGERY CENTER
PRODUCE AND INSTANCE OF INTERNALLY-ILUMINATED PAIN CHANNEL LETTERS
• "OUTPATIENT SURGERY CENTER"- WHITE FACES WITH BLUE TRAN CAPS. PAIS 540C BLUE RETURNS, ILLUMINATES WITH WHITE LEDS
INSTALLS FLUSH TO METAL FASCIA BAND
• FONT, ITC GROVANN

S 2001 LUAROUS RECH. ILC. Philadepor Into process of substances and major and other process and and the companies of the companies and the companies and the companies and the companies of the companies of the companies and the companies and the companies of the companies of the companies and the compani

DATE 6/5/24
DESIGN NO: GT-J24651
ARTIST: JH 1/2=1 SCALE DATE CUSTOMEE: SAINT LUKE'S EAST HOSPITAL
NAME: ANDY AMOR
LOCATION: 100 NE ST LUKES BLVD
LEE'S SLIMMMT, MO 64086 APPROVED