



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 / Celia 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

☒ Wall Sign (\$100)

☐ Monument/Detached Sign (\$100)

☐ Temporary Sign (\$50)

☐ Directional Sign (\$50)

Illumination: Specify whether the sign is illuminated

☒ Illuminated *

☐ 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: 6 ft (X) Width of sign: 6 ft (=) Area of sign: 36 sq ft

Area of building façade/wall: 495.83 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.

Celia Gerling
Signature of Applicant

6/26/24
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

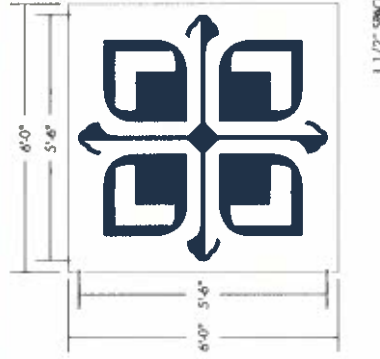
Printed Name



PROPOSED

3" DEEP REVERSE CHANNEL LOGO

3" DEEP PAN



APPROXIMATING NIGHT VIEW



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

SPECIFICATIONS:

- SAINT LUKE'S EAST OUTPATIENT SURGERY CENTER
- PRODUCE AND INSTALL (1) HALO LIT REVERSE CHANNEL LOGO FOR DRIVE THROUGH AREA
- LOGO - REVERSE CHANNEL LOGO PAINTED PMS 540C BLUE AND HALO LIT WITH WHITE LEDS AND 1 1/2" STAND-OFFS
- MOUNTS TO 3" DEEP ALUMINUM PAN PAINTED TO MATCH STONE FACADE (COLOR TO BE DETERMINED) TO HOUSE ELECTRICAL

CUSTOMER: NAME: LOCATION:	SAINT LUKE'S EAST HOSPITAL ANDY AMOR 100 NE ST LUKES BLVD LEE'S SUMMIT, MO 64086	DATE	5/15/24
		DESIGN NO:	QT-24652
		ARTIST	JH
		SCALE	1/2" = 1'
APPROVED:	DATE:		



LUMINOUS NEON INC.
ART & SIGN SYSTEMS

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