



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

- | | |
|---|---|
| <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: 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: | Zoning: _____ | Permit Fee: _____ |
| <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No | Receipt #: _____ | |

| | | | |
|-----------------------------------|-----------------|----------------------------------|------------|
| Signature of Plans Examiner _____ | Approved: _____ | Planning Division Approval _____ | Date _____ |
|-----------------------------------|-----------------|----------------------------------|------------|

Remarks:

100 NE St. Luke's Blvd

Project Address



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: _____

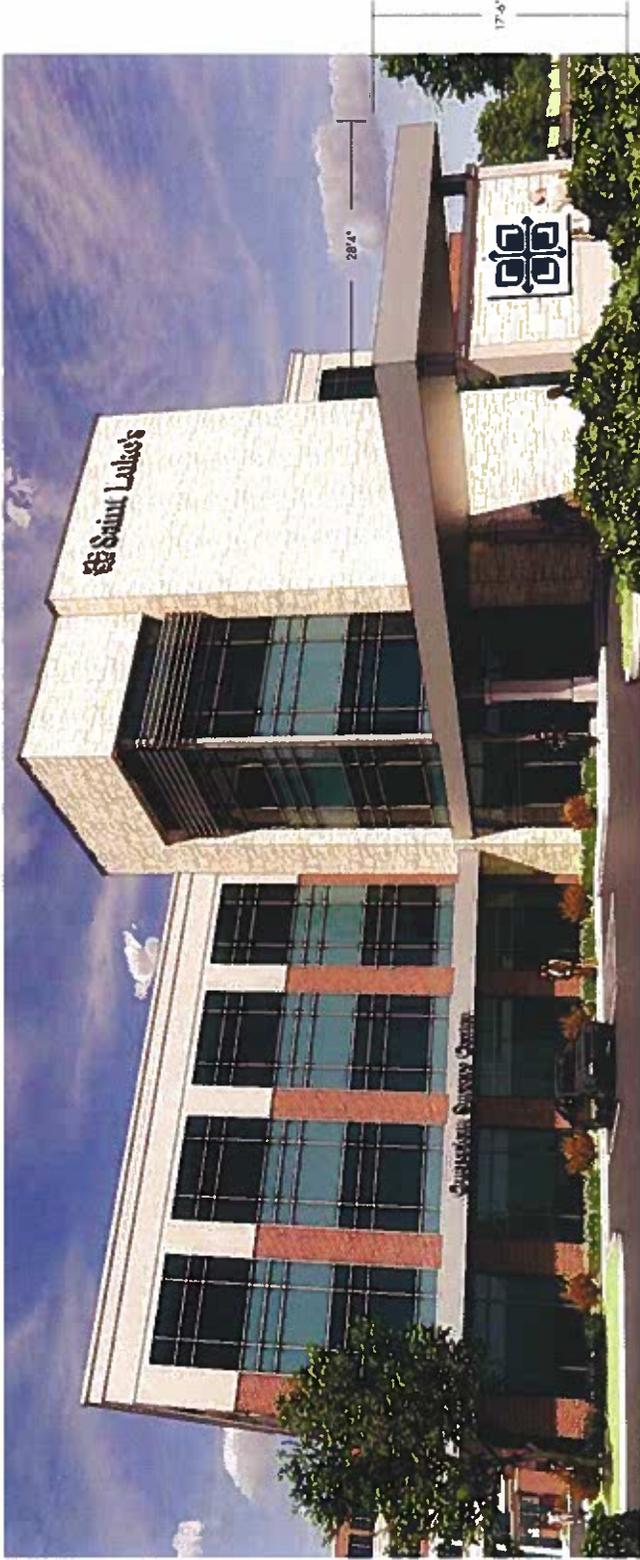
100-120 NE Saint Luke's Boulevard, Lee's Summit, MO 64086
(location address)

Dated this 25th day of June, 2024

Signature of Landlord or Property Owner

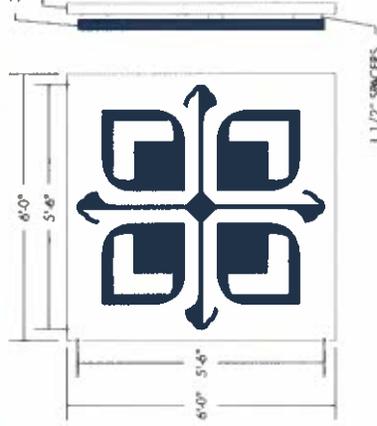
Sean Handley, Project Manager

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.: GT-24652 |
| | | ARTIST: JH |
| | | SCALE: 1/2" = 1' |

APPROVED: _____ DATE: _____



ALUMINUM SYSTEMS
PART & SIGN SYSTEMS

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