

Permit #PRSGN _____ - _____

SIGN PERMIT APPLICATION

Project Business Name: SUMMIT FAIR

Project Address/Location: 840 NW BLUE PKWY, LEE'S SUMMIT, MO

Applicant: EMILY PARK / RED DEVELOPMENT 64086

Applicant's Address: 3508 E. CAMELBACK RD, STE 300, PHX, AZ 85016

Applicant's Phone & Fax #: 480.205.7444

Applicant's Email Address: EPARK@REDdevelopment.com

Type of Sign: Check only one

- | | |
|--|--|
| <input type="checkbox"/> Wall Sign (\$100) | <input checked="" 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 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' ft (X) Width of sign: 8' ft (=) Area of sign: _____ sq ft

Area of building façade/wall: STREET sq ft Total height of detached sign: _____ ft

Setbacks: front property line: _____ ft TO PROMOTE rear property line: _____ ft

side property line: _____ ft PURK WITH NOW OPEN 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.

Emily Park
Signature of Applicant

7.17.24
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:

Project Address