



Permit #PRSGN _____ - _____

SIGN PERMIT APPLICATION

Project Business Name: Popeyes

Project Address/Location: 440 NW Chipman Road

Applicant: Envision Sign Solutions - Carley Baker

Applicant's Address: 11409 S Bilyou Road, Lone Jack, MO 64070

Applicant's Phone & Fax #: 816.352.9653

Applicant's Email Address: permits@envisionssignskc.com

Type of Sign: Check only one

- | | | |
|--|--|--|
| <input type="checkbox"/> Wall Sign (\$100) | <input type="checkbox"/> MenuBoard | <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 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: 427/16 ft (X) Width of sign: 75 5/16 ft (=) Area of sign: 33.44 sq ft

Area of building façade/wall: _____ sq ft Total height of detached sign: 63.9375 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.


Signature of Applicant

05-2-25
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: