



# City of Lawrence

PLANNING & DEVELOPMENT SERVICES

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DEVELOPMENT SERVICES DEPT  
CITY OF LAWRENCE

## Building Safety Division

1 Riverfront Plaza, Suite 110

PO Box 708

Lawrence, KS 66044

Phone: (785) 832-7700

Fax: (785) 832-3110

[www.lawrenceks.org](http://www.lawrenceks.org)

[buildinginspections@ci.lawrence.ks.us](mailto:buildinginspections@ci.lawrence.ks.us)

## SIGN PERMIT APPLICATION\*\*\*

Date: 6-30-2010

1. Type of sign: ☐ Construct new sign

-OR-

☐ Rework or replace existing sign

2. ☒ Permanent

-OR-

☐ Temporary from: \_\_\_\_\_ to \_\_\_\_\_

*semi-permanent,  
subject to  
adjacent building*

3. Business Name: Lawrence Arts Center

4. Business Address: 940 N.H. 5. Zoning of Business \_\_\_\_\_

6. Sign to be: a. ☐ Ground Sign

b. ☐ Wall Sign

c. ☒ Other: work of art

d. ☒ Non-Illuminated/ ☐ Illuminated (method) \_\_\_\_\_

7. Sign to be constructed of: paint

8. Sign Area (square feet): 35' x 58'

9. Wall Area (square feet, wall signs only): approximately

10. Set Back from Property Line: no set back from Moore property. The Moore group have given written consent to the city.

11. Estimated Value: 2,000

### \*\*\*Required Attachments:

12. An overhead site plan

13. A drawing or photograph detail showing sign dimensions

14. An elevation drawing or photo showing sign placement

Please attach these and any other relevant documentation. Fax or email completed application and accompanying plans to the City of Lawrence Development Services Division, (785) 832-3110 or [buildinginspections@ci.lawrence.ks.us](mailto:buildinginspections@ci.lawrence.ks.us).

15. Sign Contractor: Bob Treanor

16. Sign Contractor License #: \_\_\_\_\_

17. Applicant Name: Lawrence Arts Center

18. Phone Number: 8432787

If electrical work is included on this permit:

19. Electrical Contractor: \_\_\_\_\_

20. Electrical Contractor License #: \_\_\_\_\_

21. Phone Number: \_\_\_\_\_

22. Applicant Signature: Shane Tate

Date: July 15, 2010

For Staff Use:

Approved By: \_\_\_\_\_ Permit Number: 10-00000279

Date: \_\_\_\_\_ Paid: \_\_\_\_\_ Payment received by: \_\_\_\_\_