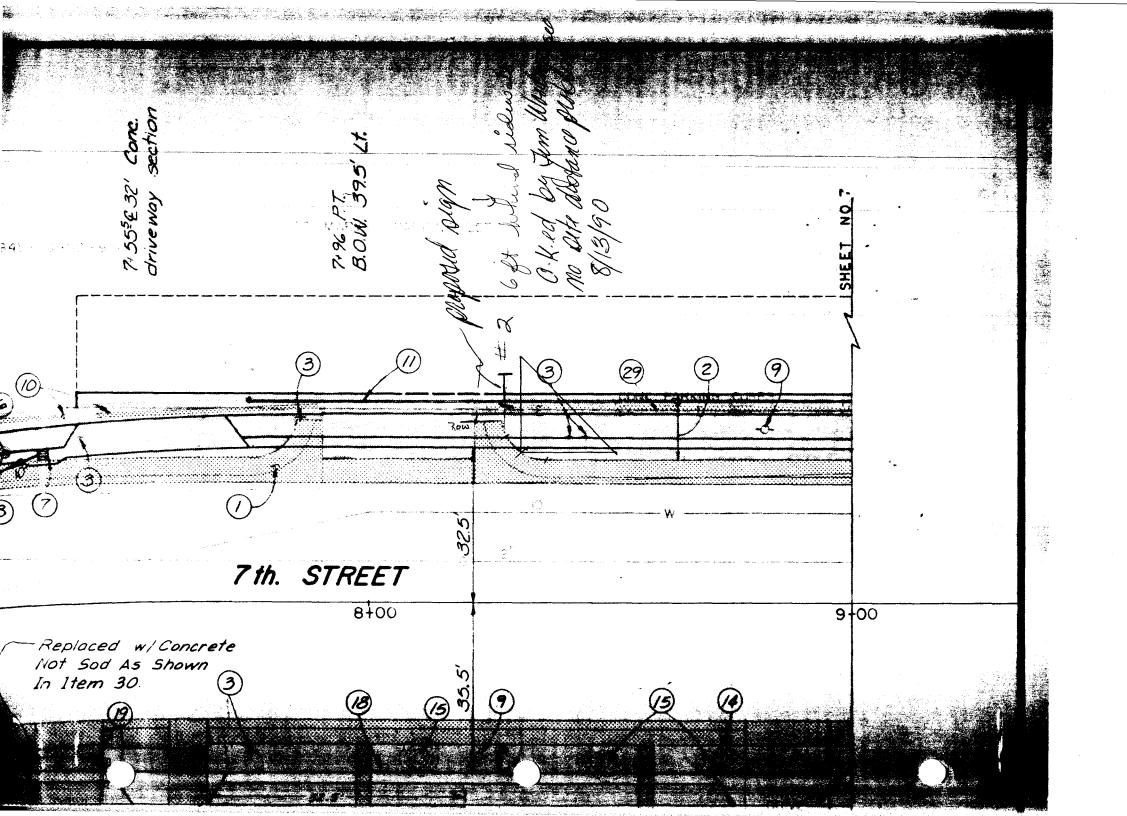
DATE SUBMITTED: _______ PERMIT # 2945-112-00-971 500 FEE TAX SCHEDULE #: PFRMIT GRAND PARTMENT 1 A To BUSINESS NAME: do BUSINESS ADDRESS: ρ FRONT <u>630</u> 495 FT. STREET FRONTAGE: 7 SIDE FT. front 56 SIDE 149 BUILDING FRONTAGE: FT. FT. FRONT <u>4</u> 4 TRAFFIC LANE: FT. SIDE FT. HEIGHT OF SIGN: _____3 FT. CLEARANCE TO GRADE: FT. 18 AREA OF EXISTING SIGNS: _____SQ. FT. AREA OF SIGN: ____SQ. FT. front <u>945</u> SIDE 742.5 SQ. FT. TOTAL ALLOWED AREA: SQ. FT. TYPE OF SIGN *SKETCH ON PREMISE __ ROOF See attached Maurines OFF PREMISE]FLUSH WALL FREE STANDING TILLUMINATED PROJECTING OTHER COMMENTS *Include: Streets, Property Lines, Proposed Sign Location. Bailon atian PROPERTY OWNER: ADDRESS: 363 ion CONTRACTOR : 2913 ADDRESS: APPROVED BY: Ż 4950 PHONE: 245 DATE APPROVED: FINAL PERMIT WILL REQUIRE SEPARATE PERMIT



Lot "A" East Entrance

RY'S HOSPIT/



liew from South

ST. MARY'S HOSPITAL The Regional Medical Center

ISITORS ENTRANCE EMERGENCY

Math Bears

View from North

