



SIGN PERMIT

Community Development Department
250 North 5th Street
Grand Junction, CO 81501
(303) 244-1430

PERMIT NO. _____
Date Submitted 1-12-96
FEE \$ 25.00
Tax Schedule 2945-024-00-057
Zone PB

A ✓

BUSINESS NAME ST. MARY'S REHAB CENTER
STREET ADDRESS 1100 Patterson Rd.
PROPERTY OWNER St. Mary's Hospital
OWNER ADDRESS SAME AS ABOVE

CONTRACTOR SUMMIT SIGN CO.
LICENSE NO 2960719
ADDRESS 3207 S. ZUNI, ENGLEWOOD, CO 80110
TELEPHONE NO (303) 788-1829

- 1. FLUSH WALL 2 Square Feet per Linear Foot of Building Facade
- 2. ROOF 2 Square Feet per Linear Foot of Building Facade
- 3. FREE-STANDING 2 Traffic Lanes - 0.75 Square Feet x Street Frontage
4 or more Traffic Lanes - 1.5 Square Feet x Street Frontage
- 4. PROJECTING 0.5 Square Feet per each Linear Foot of Building Facade
- 5. OFF-PREMISE See #3 Spacing Requirements; Not > 300 Square Feet or < 15 Square Feet

Externally Illuminated Internally Illuminated Non-Illuminated

- (1 - 5) Area of Proposed Sign 24 Square Feet
- (1,2,4) Building Facade 345 Linear Feet
- (1 - 4) Street Frontage 477 Linear Feet
- (2,4,5) Height to Top of Sign N/A Feet Clearance to Grade N/A Feet
- (5) Distance from all Existing Off-Premise Signs within 600 Feet N/A Feet

Existing Signage/Type

Freestanding	N/A	Sq Ft
_____	_____	Sq Ft
_____	_____	Sq Ft
Total Existing:	_____	Sq Ft

FOR OFFICE USE ONLY:
AS PER PLAN
Signage Allowed on Parcel

Building _____ Sq Ft

Free-Standing 24 Sq Ft

Total Allowed: — Sq Ft

COMMENTS: Replace face of existing freestanding

NOTE: No sign may exceed 300 square feet. A separate sign permit is required for each sign. Attach a sketch of proposed and existing signage including types, dimensions, lettering, abutting streets, alleys, easements, property lines, and locations. All signs require a separate permit from the Building Department.

[Signature]
Applicant's Signature

3-4-96
Date

[Signature]
Approved By

2-16-96
Date



SIGN PERMIT

Community Development Department
250 North 5th Street
Grand Junction, CO 81501
(303) 244-1430

PERMIT NO. _____
Date Submitted 1-12-96
FEE \$ 5.00
Tax Schedule 2945-024-00-057
Zone PB

B

BUSINESS NAME ST. MARY'S REHAB CENTER
STREET ADDRESS 1100 PATTERSON ROAD
PROPERTY OWNER ST. MARY'S HOSPITAL
OWNER ADDRESS SAME

CONTRACTOR SUMMIT SIGN CO.
LICENSE NO 2960719
ADDRESS 3207 S. ZUNI, ENGLEWOOD CO 80110
TELEPHONE NO (303) 788-1829

- 1. FLUSH WALL 2 Square Feet per Linear Foot of Building Facade
- 2. ROOF 2 Square Feet per Linear Foot of Building Facade
- 3. FREE-STANDING 2 Traffic Lanes - 0.75 Square Feet x Street Frontage
4 or more Traffic Lanes - 1.5 Square Feet x Street Frontage
- 4. PROJECTING 0.5 Square Feet per each Linear Foot of Building Facade
- 5. OFF-PREMISE See #3 Spacing Requirements; Not > 300 Square Feet or < 15 Square Feet

Externally Illuminated Internally Illuminated Non-Illuminated

- (1 - 5) Area of Proposed Sign 287.20 Square Feet
- (1,2,4) Building Facade 345 Linear Feet
- (1 - 4) Street Frontage 477 Linear Feet
- (2,4,5) Height to Top of Sign N/A Feet Clearance to Grade N/A Feet
- (5) Distance from all Existing Off-Premise Signs within 600 Feet N/A Feet

Existing Signage/Type

<u>Freestanding</u>	<u>24</u>	Sq Ft
_____	_____	Sq Ft
_____	_____	Sq Ft
Total Existing:	<u>24</u>	Sq Ft

FOR OFFICE USE ONLY:	
<u>Signage Allowed on Parcel</u>	
<u>AS PER PLAN</u>	
Building _____	Sq Ft
Free-Standing <u>24</u>	Sq Ft
Total Allowed: <u>-</u>	Sq Ft

COMMENTS: Replace existing sign

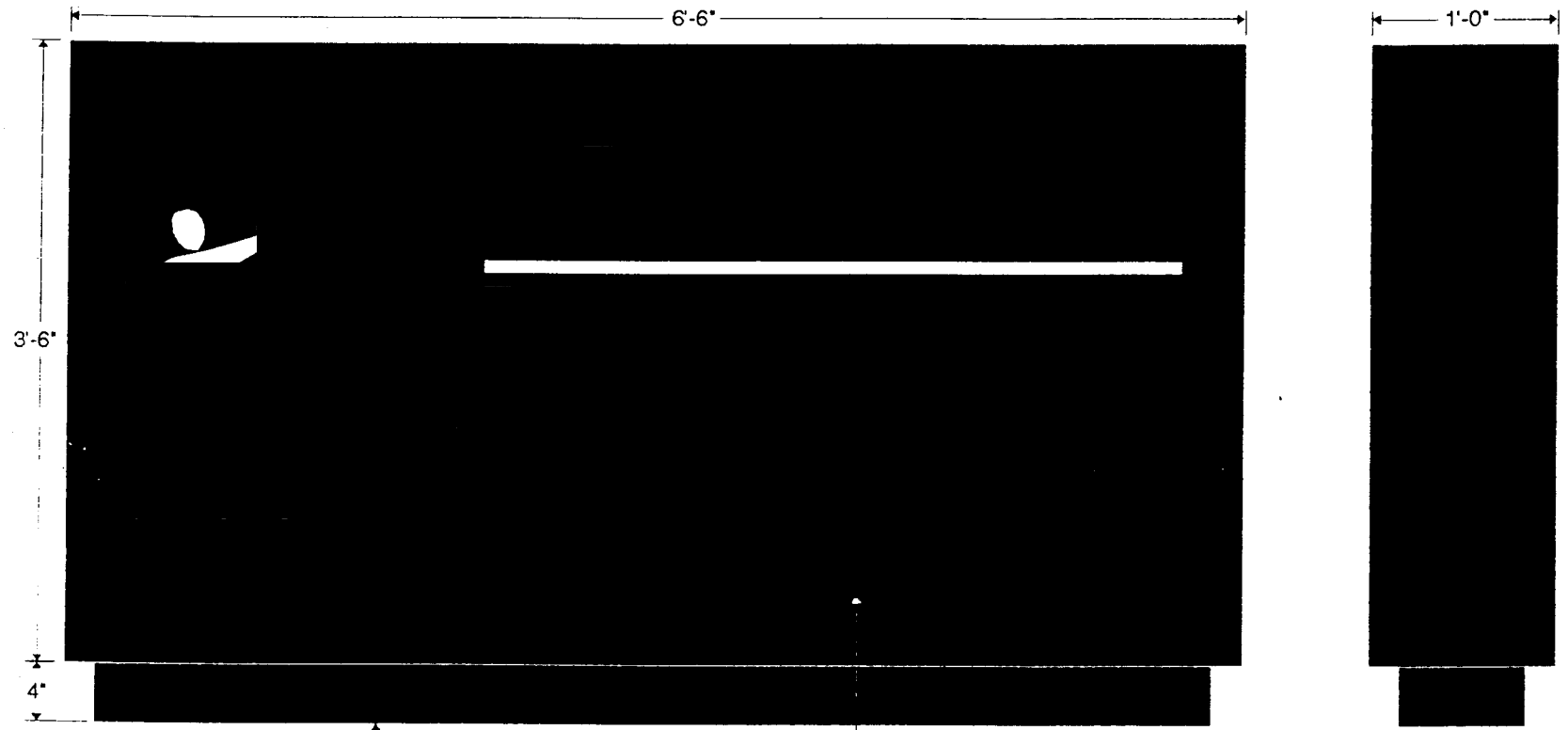
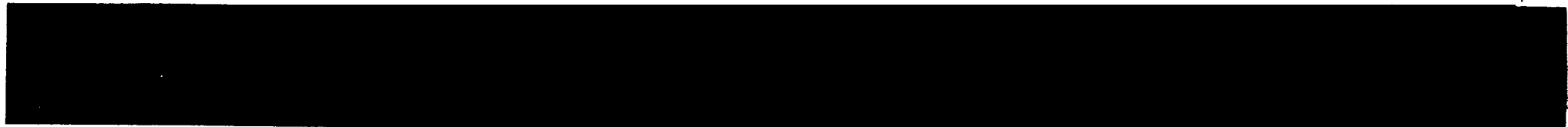
NOTE: No sign may exceed 300 square feet. A separate sign permit is required for each sign. Attach a sketch of proposed and existing signage including types, dimensions, lettering, abutting streets, alleys, easements, property lines, and locations. All signs require a separate permit from the Building Department.

[Signature]
Applicant's Signature

3-4-96
Date

[Signature]
Approved By

2/16/96
Date



Alum. cabinet construction.
Internally illuminated with CW/HO lamps.
*Paint cabinet & reveal M.A.P.
match PMS Reflex Blue*

Routed out copy and logo.
Backed with $\frac{3}{16}$ " white plex.

1" scale

QTY-1 Double faced illuminated sign mounted on existing base.

Please fax back with..... Client approval _____ Date _____



Reverse pan-channel logo.
 Alum. construction 6" deep,
 spaced off wall 2".
 15MM 6500 white neon
 'Halo' illumination.
 Paint face & returns M.A.P.
 match PMS Reflex Blue

Pan-channel letters.
 Sheet metal construction 5" deep
 on raceway. 15MM 6500 white neon
 illumination. Faces $\frac{3}{16}$ " white plex
 with translucent vinyl #3630-36
 'European Blue'
 Paint returns M.A.P. match
 PMS Reflex Blue

Raceway(s).
 Sheet metal
 construction 8" deep
 Paint M.A.P. brick color

1/4" scale
 QTY-1 set

Please fax back with.....Client approval _____

Date _____

303
781-5244

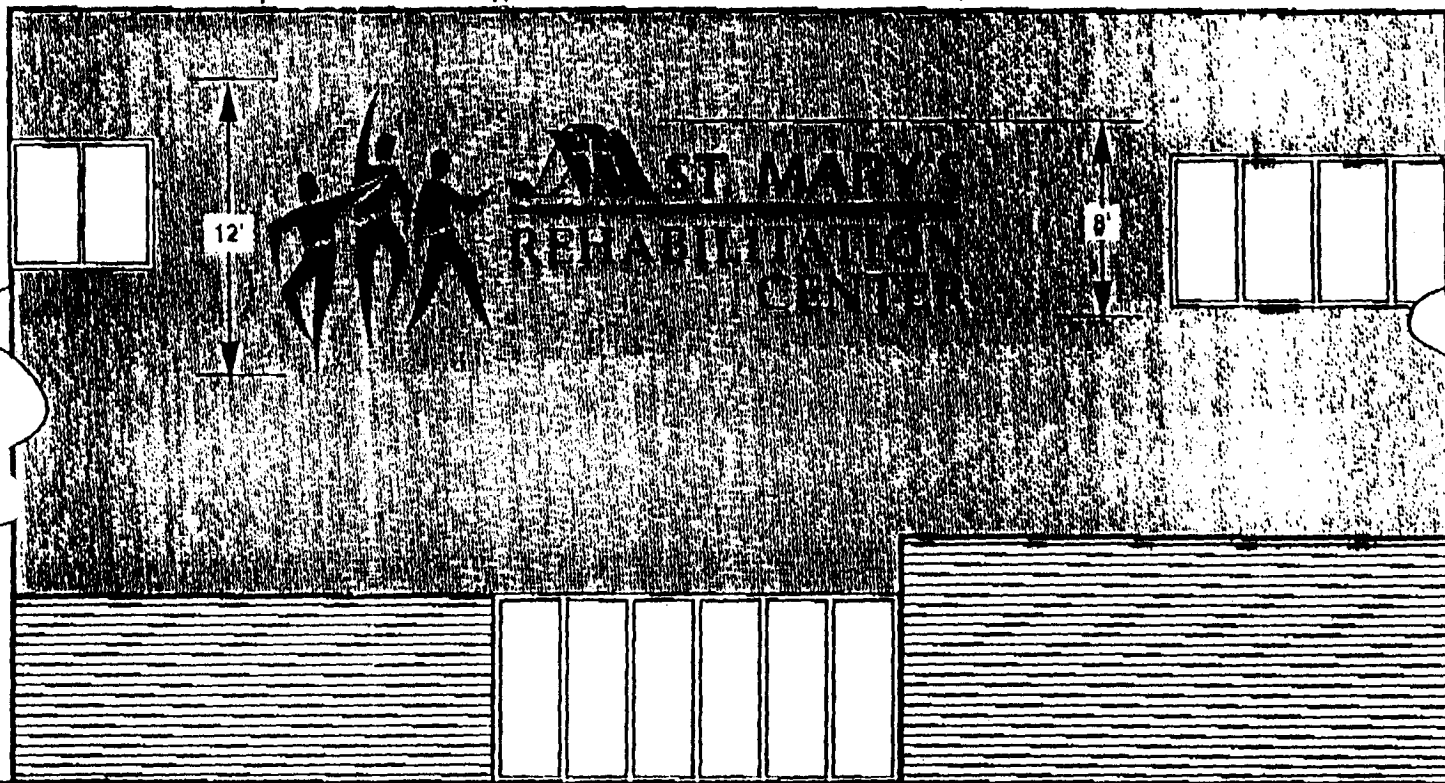
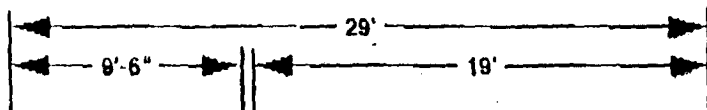
8828403941

P. 01
1-6-96

INTERFACE™
ARCHITECTURAL SIGNAGE

LEONARDO → PLS. INDICATE
WHERE RACKWAYS WILL OCCUR
SO I CAN GET CLIENT
APPROVAL.

Mark B.



Sign Type A
Partial South Elevation
St. Mary's Rehabilitation Center

Scale: 1/8" = 1'-0"

INTERFACE™
ARCHITECTURAL SIGNAGE

5320 Webb Parkway
Lilburn, GA 30247
(800) 445-4786

Reflex

COLORS:

Letter & Logo Faces
& Returns:
Blue
Halo Wash: White

TYPEFACE:

Eras Demi, Palatino
Bold

TYPE SIZE:

17', 20" Cap

GRAPHIC METHOD:

Individual Pan Channel Letters w/ translucent
acrylic faces & raceway construction.
Logo shapes w/ reverse pan channel
construction & Halo Illumination

INSTALLATION:

Mount to concrete wall

Drawing and the ideas expressed remain the
property of INTERFACE. This drawing and
ideas are not to be reproduced, copied, or distributed
to any other person or entity without the express written
consent of a representative or agent of INTERFACE.

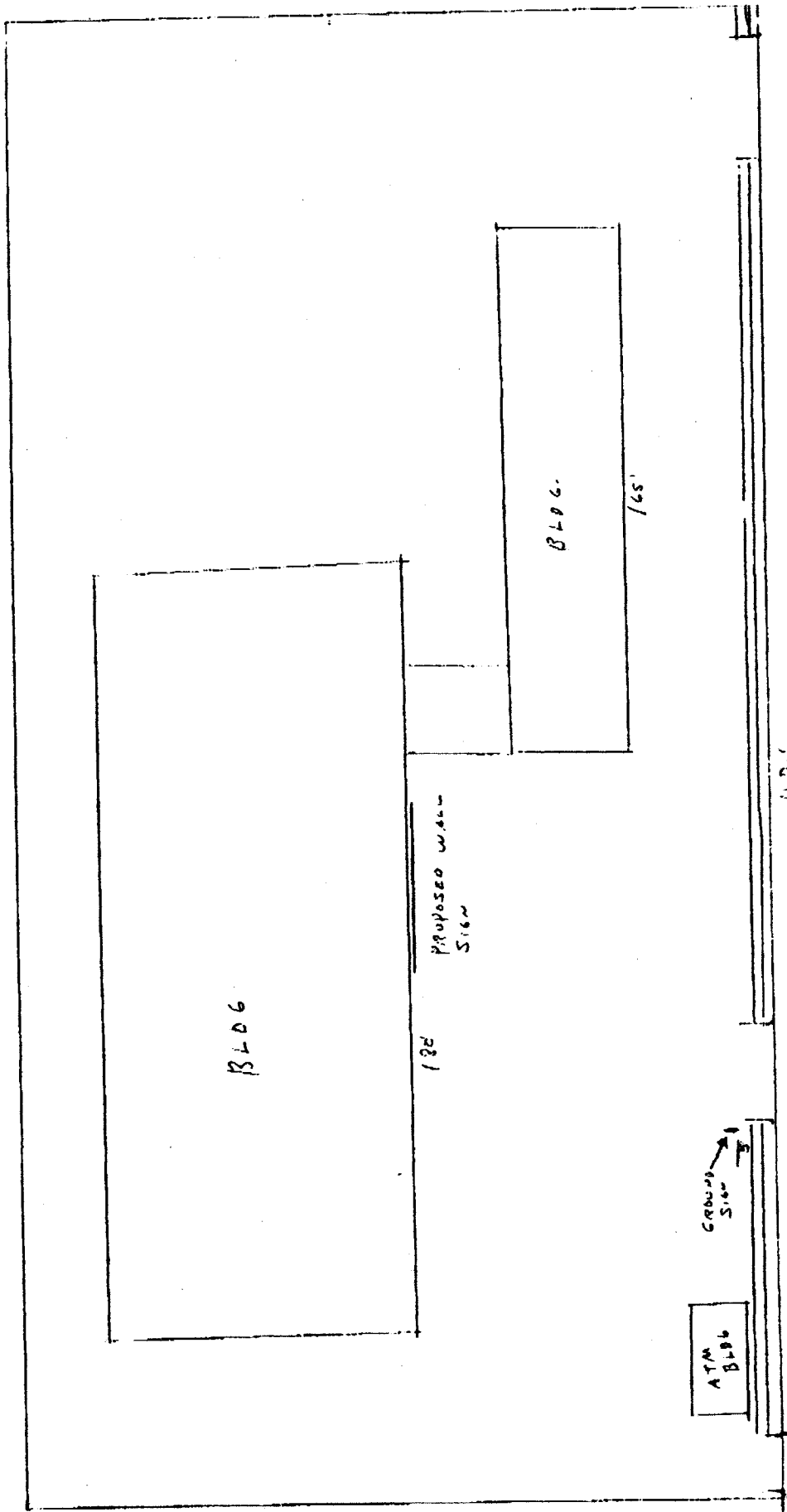
ISSUED: 1/2/96

APPROVED:

↑

1" = 40'

1100 PATTERSON



420'
PATTERSON ROAD