CERTIFICATE OF APPROPRIATENESS
APPLICATION FORM

PLANNING & DEVELOPMENT DEPARTMENT

PROPERTY

Address 102 West 11th Street

Historic District / Landmark | HCAD #

Subdivision | Lot | Block

DESIGNATION TYPE

- ☐ Landmark
- ☐ Protected Landmark
- ☐ Archaeological Site
- ☐ Contributing
- ☐ Noncontributing
- ☐ Vacant

PROPOSED ACTION

- ☐ Alteration or Addition
- ☐ Restoration
- ☒ New Construction
- ☐ Relocation
- ☐ Demolition
- ☐ Excavation

DOCUMENTS

☒ Application checklist for each proposed action and all applicable documentation listed within are attached

OWNER

Name Samantha Causseaux

Company MedSpring Urgent Care

Mailing Address 102 West 11th Street

Phone 940-382-8850

Email

Signature Samantha Causseaux

Date 10-28-2015

APPLICANT (if other than owner)

Name David Acosta

Company Bakers Signs

Mailing Address 11201 FM 1485

Phone 936-446-1239

Email [redacted]

Signature

Date 10-28-2015

ACKNOWLEDGEMENT OF RESPONSIBILITY

Requirements: A complete application includes all applicable information requested on checklists to provide a complete and accurate description of existing and proposed conditions. Preliminary review meeting or site visit with staff may be necessary to process the application. Owner contact information and signature is required. Late or incomplete applications will not be considered.

Deed Restrictions: You have verified that the work does not violate applicable deed restrictions.

Public Records: If attached materials are protected by copyright law, you grant the City of Houston, its officers, agencies, departments, and employees, non-exclusive rights to reproduce, distribute and publish copyrighted materials before the Houston Archaeological and Historical Commission, the Planning Commission, City Council, and other City of Houston commissions, agencies, and departments, on a City of Houston website, or other public forum for the purposes of application for a Certificate of Appropriateness or building permit, and other educational and not for profit purposes. You hereby represent that you possess the requisite permission or rights being conveyed here to the City.

Compliance: If granted, you agree to comply with all conditions of the COA. Revisions to approved work require staff review and may require a new application and HAHC approval. Failure to comply with the COA may result in project delays, fines or other penalties.

Planner: _____ *Application received:* ___/___/___ *Application complete:* ___/___/___

CERTIFICATE OF APPROPRIATENESS
ALTERATION & ADDITON CHECKLIST

PLANNING & DEVELOPMENT DEPARTMENT

Well in advance of the COA application deadline contact staff to discuss your project and, if necessary, to make an appointment to meet with staff for a project consultation.

Complete all applicable items and submit with the COA application form. Staff can assist you in determining what items are required for your scope of work. An incomplete application may cause delays in processing or may be deferred to the next agenda. Application materials must clearly represent current and proposed conditions. Refer to Houston Code of Ordinances, Ch. 33 VII, Sec. 33-241 for approval criteria for alteration, rehabilitation, restoration and additions.

PROPERTY ADDRESS: 102 West 11th Street

BUILDING TYPE

- ☐ single-family residence
- ☐ multi-family residence
- ☒ commercial building
- ☐ mixed use building
- ☐ institutional building
- ☐ garage
- ☐ carport
- ☐ accessory structure
- ☐ other

ALTERATION TYPE

- ☐ addition
- ☐ foundation
- ☐ wall siding or cladding
- ☐ windows or doors
- ☐ porch or balcony
- ☐ roof
- ☐ awning or canopy
- ☒ commercial sign
- ☐ ramp or lift
- ☐ other

WRITTEN DESCRIPTION

- ☒ property description, current conditions and any prior alterations or additions
- ☒ proposed work; plans to change any exterior features, and/or addition description
- ☒ current building material conditions and originality of any materials proposed to be repaired or replaced
- ☒ proposed new materials description; attach specification sheets if necessary

PHOTOGRAPHS label photos with description and location

- ☒ elevations of all sides
- ☒ detail photos of exterior elements subject to proposed work
- ☐ historical photos as evidence for restoration work

DRAWINGS scale like drawings the same; include all dimensions and drawing scale; label with cardinal directions

- ☐ current site plan
- ☒ proposed site plan
- ☐ current floor plans
- ☐ proposed floor plans
- ☐ current window and door schedule
- ☐ proposed window and door schedule
- ☐ demolition plan
- ☐ current roof plan
- ☐ proposed roof plan
- ☒ current elevations (all sides)
- ☒ proposed elevations (all sides)
- ☐ perspective and/or line of sight

ON - PREMISE

SIGN PERMIT APPLICATION

Receiving: ☐ 1st flr ☐ 4th flr
Admin: _____ Date: _____
Time: _____

1002 Washington Ave. - 4th Floor - Houston, TX 77002 Phone: 832-394-8890 Monday - Friday 7:30 am - 4:00 pm

☐ Category A ☐ Category B ☐ Category C ☐ Category D ☐ Changeable Message Sign

APPLICANT				
Sign Company:	Bakers' Signs and Manufacturing	Sign Co. License:	00001076
Contact:	David Acosta	E-Mail:	[redacted]
Address:	11201 FM 1485	Office Phone#:	936-446-1239
City,ST,Zip	Conroe TX 77306	Cell Phone#:	832-367-5370

PROPERTY			
Owner Name:	MedSpring Urgent Care	Billing Name:	MedSpring Urgent Care
Address:	102 WEST 11TH STREET	Address:	102 WEST 11TH STREET
City,ST,Zip	HOUSTON, TX 78746	City,ST,Zip	HOUSTON, TX 78746

FC = Face Change | N1 = Ground | N2 = Roof | N3 = Wall | N4 = Projecting | N5 = Marquee | N6 = Portable | N7 = Directional

SIGNS	Sign A	Sign B	Sign C	Sign D	Sign E
	☑ New ☑ Electrical	☑ New ☑ Electrical	☑ New ☑ Electrical	☐ New ☐ Electrical	☐ New ☐ Electrical
Sign Type	N3	N3	N3		
Width	25 Ft ___ In	35 Ft 10.3 In	13 Ft 11 In	___ Ft ___ In	___ Ft ___ In
Height	6 Ft 5.3 In	4 Ft 4 In	4 Ft 4 In	___ Ft ___ In	___ Ft ___ In
Max Ht	20 Ft ___ In	19 Ft ___ In	19 Ft ___ In	___ Ft ___ In	___ Ft ___ In
Faces	1 Poles ___	1 Poles ___	1 Poles ___	___ Poles ___	___ Poles ___
Project #					

SIGN MESSAGE(S):

A	MedSpring Urgent Care with Logo ☐ Refurb	D	☐ Refurb
B	MedSpring Urgent Care with Logo ☐ Refurb	E	☐ Refurb
C	MedSpring Urgent Care with Logo ☐ Refurb	Other	

FC/Refurb - Ref. # A ___ B ___ C ___ D ___ E ___

Electronic (LED) Signs - Changeable Message and High Technology Acknowledgement Receipt

• Notice is hereby given to the sign owner, occupant, or leaseholder about the Houston Sign Code Regulations, rules, or ordinances pertaining to changeable messages. The lighting of the sign and sign structure must comply with Section 4611(h) of the Houston Sign Code regulations.

SECTION 4611--ON-PREMISE SIGNS

(h) Changeable Message and High Technology Signs. Save and except for signs erected pursuant to the provisions of Section 4620, the following provisions shall apply to all existing and new changeable message and high technology signs:

(1) Blinking, rotating, moving, chasing, flashing, glaring, strobe, scintillating, or spot lights are prohibited.

(2) Lights or colored elements creating a continuously moving, shimmering, or prismatic effect, or the use of rotating or moving parts in association with such lights or colored elements, are prohibited.

(3) A changeable message sign may not change the message more often than every five minutes and must change the message within one second or less; a high technology sign may not change the message without a new permit.

(4) Brightness limits shall be set at a maximum of 6500 nits between sunrise and sunset, and at a maximum of 1250 nits between sunset and sunrise, and each sign shall be fitted with a qualified light sensing device to automatically adjust the brightness in accordance with these standards.

Person or persons responsible for the sign must sign this acknowledgement upon submitting the application. A citation will result for any future violation(s). If you disagree with the interpretation by the City of Houston Sign Administration, you have the right to appeal in accordance with Section 4604(e) of Houston Sign Code Regulations.

Printed Name SAMANTHA CAUSSEAUX Signature Samantha Causseaux Phone # 940-382-8850

AFFIDAVIT I hereby certify that the above information is true and correct and further that the sign is being erected and or maintained at the above location with the permission of the owner and/or authorized lessee of the premises; that the sign does not violate any applicable deed restrictions on the premises; and that having read the restrictions and requirements of the City's Sign ordinance; that the sign is being erected or maintained in compliance with the Sign Ordinance, Chapter 46, Building Code, City of Houston and other applicable laws.

Sworn to and subscribed before me by said Samantha Causseaux / DAVID ACOSTA on October 28 of 20 15
(PRINT OWNER NAME/AGENT / LESSE OF PREMISE / PRINT SIGN REPRESENTATIVE / MONTH)

Samantha Causseaux
Owner's Signature/ Agent / Lessee of Premise

Sign Representative Signature

KIMBERLY JEANINE SHIPMAN
Notary Public, State of Texas
My Commission Expires
November 20, 2018

Kimberly Jeanine Shipman
NOTARY PUBLIC in and for the State of Texas

Kimberly Jeanine Shipman
NOTARY PUBLIC in and for the State of Texas

Department of Public Works & Engineering
Building Code Enforcement Branch

ELECTRICAL WIRING PERMIT APPLICATION

This is a permit application for Electrical Wiring within the city limits of Houston, Texas. Carefully complete **all** necessary information.

1. DATE: 10-28-2015 **2. PROJECT NUMBER:** _____

3. JOB SITE ADDRESS: 102 West 11th Street

4. CLASS OF WORK: ☐ Residential ☐ Apartments ☒ Commercial ☐ Industrial ☐ Other: _____

5. PRESENT OCCUPANCY: _____ **6. PROPOSED OCCUPANCY:** MedSpring Urgent Care

7. ELECTRICAL CONTRACTOR COMPANY NAME AND LICENSE NO.: Bakers Signs 58706

8. TELEPHONE NO.: (936) 446-1239 **9. ADVANCE PAY ACCOUNT NO. (If Applicable)** _____

WHEN READY FOR INSPECTION, THE CONTRACTOR SHALL BE RESPONSIBLE FOR SCHEDULING INSPECTION

CHARGES

Quantity	Item Description		Fee Amount	Total
	Meter Loop & Service Up to and including 50 kW	@	$77.06	
	51kW through 250 kW	@	$82.57	
	Over 250 KW	@	$88.07	
	Sub Panels with 8 or more circuits (each)	@	$ 7.70	
	Outlets	@	$ 1.10	
	Lighting Fixtures	@	$ 1.10	
	Range Receptacle	@	$ 3.85	
	Clothes Dryer	@	$ 3.85	
	Cooking Tops	@	$ 3.85	
	Ovens	@	$ 3.85	
	Garbage Disposals	@	$ 3.85	
	Dishwashers	@	$ 3.85	
	Window Air Conditioner receptacle	@	$ 3.85	
	Heaters/Generators Up to and including 1 kW	@	$ 3.30	
	Heaters/Generators Over 1 kW through 10 kW	@	$ 9.35	
	Heaters/Generators Over 10 kW	@	$ 6.60	
	Plus Each Additional kW for Htr/Gen Over 10 kW	@	$ 1.48	
	EV Charging Outlet (Level 1)	@	$77.06	
	EV Charging Outlet (Level 2)	@	$82.57	
	EV Charging Outlet (Level 3)	@	$88.07	

Quantity	Item Description		Fee Amount	Total
	Motors Up to and including 1HP	@	$ 3.30	
	Motors 1 HP through 10HP	@	$ 9.35	
	Motors Over 10 HP	@	$ 6.60	
	Plus Each Additional HP for Motors over 10 HP	@	$ 1.48	
	Transformers Up to including 1 KVA	@	$ 3.30	
	Transformers Over 1 KVA	@	$ 9.35	
	Transformers Over 10 KVA	@	$ 6.60	
	Total KVA over 10 on Above transformers	@	$ 1.48	
	Ball Park & Parking Lot Light Poles First	@	$ 77.06	
	Each Additional	@	$ 38.53	
	Pole with guy wire (each)	@	$ 38.53	
	Temporary Saw Pole	@	$ 77.06	
	Temporary Cut In	@	$ 77.06	
	Reconnection Fee	@	$ 77.06	
	Festoon lighting & Streamers, per circuit	@	$ 9.35	
1	Shop Inspection Electrical Signs 0-5KVA	@	$ 38.53	
1	Installation Inspection Electrical Signs 0-5 KVA	@	$ 38.53	
	Miscellaneous:	@	$ 74.65	
	SUBTOTAL (Minimum Fee on Any Permit is **$74.65**)			
	Fee for issuing each permit or receipt			+ $ 27.52
	TOTAL FEE			

Electrical materials used will be of the "approved" type and electrical work shall be installed in accordance with the City Ordinances regulating electrical construction in the City of Houston. No alternates or additions shall be made in the electrical system without the proper permits.

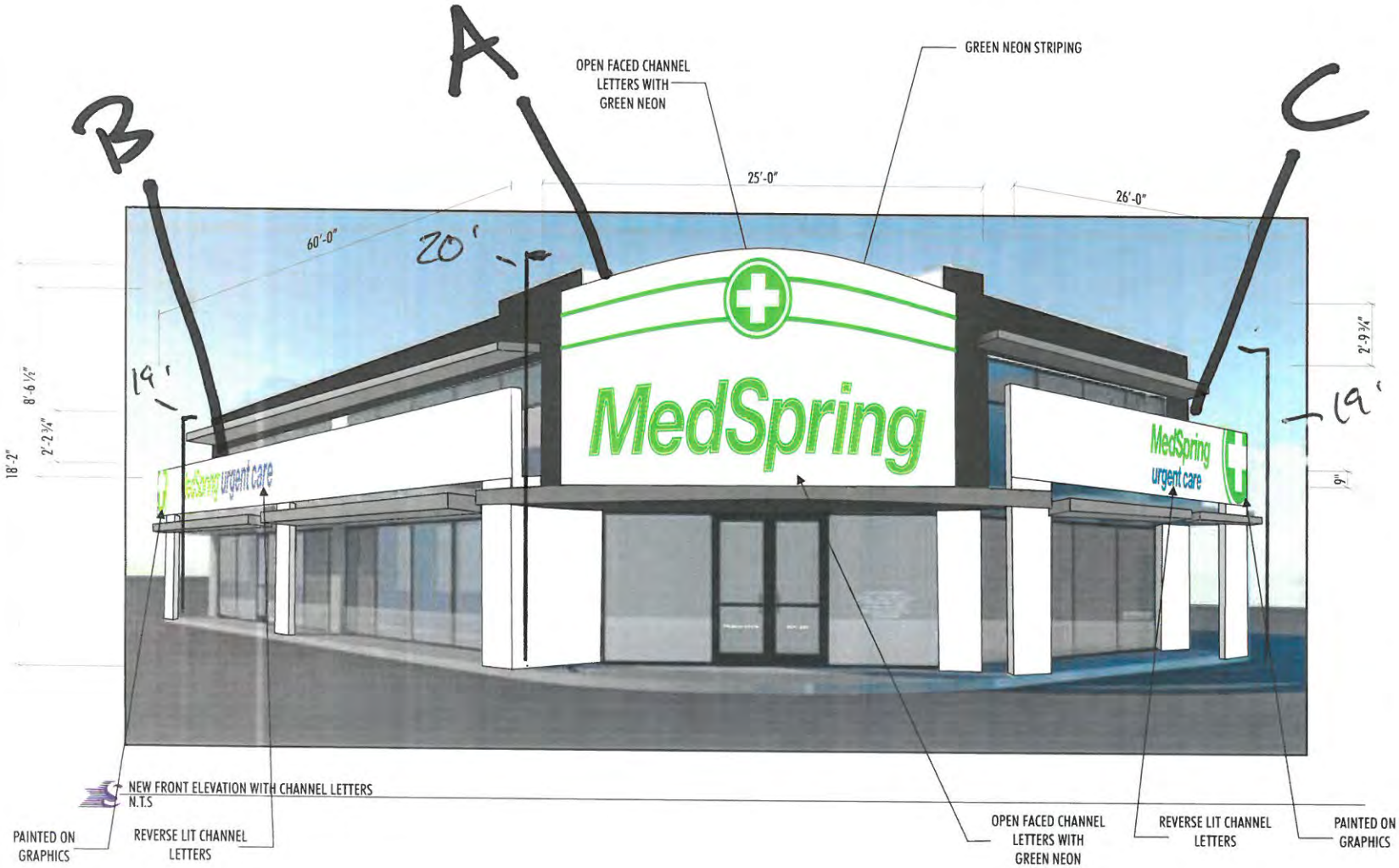
Roberta J Betts Baker
Master Electrician Signature **(REQUIRED)**

Roberta J. Betts Baker 58706
Master Electrician Printed Name and License Number

Signature of Person Picking up Permit

David Acosta
Printed Name of Person Picking up Permit

ALL PAINTING BY OTHERS



Since 1956
StarliteSign LP
www.starlitesign.com
7923 E. McKinney St., Denton, TX 76208
(940) 382-8850 Fax: (940) 387-0429

CUSTOMER: MedSpring Urgent Care
LOCATION: 102 West 11th Street
CITY, ST: Houston, TX
ACCT. EXEC.: Mason Kimbrough
PRJ. MGR.: Samantha Causseaux

Bids are good if accepted within 30 days of proposal. This drawing is the property of Starlite Sign, LP which reserves all rights to its reproduction and display.

DESIGNER	JOB#	ORIG. DATE	DWG #	PAGE
K. Hufnagle	42209	07-06-15	1507-018	02 of 07

REVISIONS

#	DATE	BY	DESCRIPTION
1	08-11-15	KH	ADD PAINT COLORS TO DRAWING AND CHANGE COMBO TO JUST HALO
2	09-14-15	KH	CHANGE NOTES AND LOCATION OF MAIN SIGN
3	09-17-15	KH	ADD CL's FRAME TO 'FLOAT' LETTERS OFF THE WALL ABOVE CANOPY
4	09-24-15	KH	CHANGE THE MAIN FRONT BUILDING TO LOOK NORMAL
5	10-06-15	KH	CHANGE LETTERS TO MOUNT TO CANOPY BUT STILL LOOK LIKE FLOATING
6	10-23-15	KH	REVISE WITH NEW SURVEY INFORMATION

L.E.D. POWER SUPPLY PRIMARY WIRING CONNECTORS CONNECTED TO LINE VOLTAGE IN ACCORDANCE WITH NEC ARTICLE 600.

Construct & Install Using Only U.L. Listed Components & In Accordance w/Art. 600 of the N.E.C. & any Applicable Local Codes.

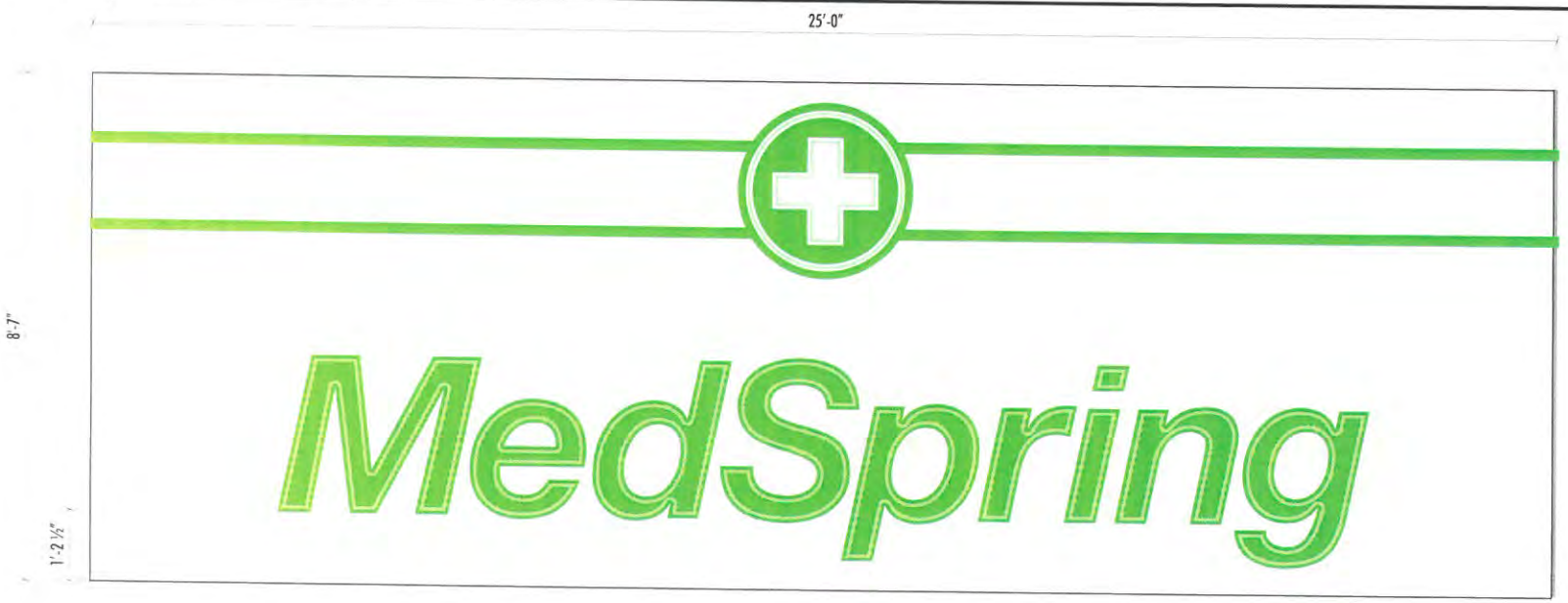
U/L LABELS REQUIRED

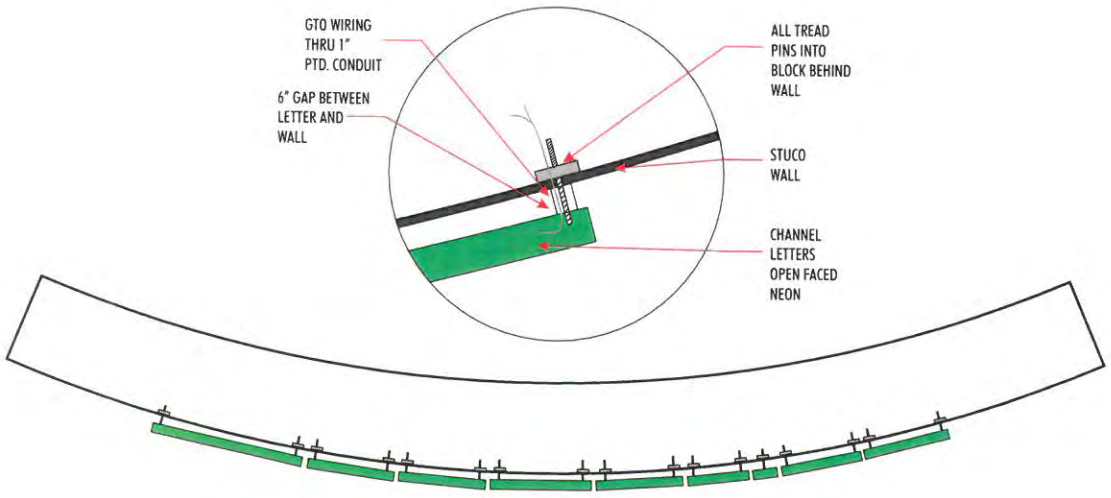
(1) 20amp
120V DEDICATED CIRCUIT(S) REQ'D.

NOTE TO FABRICATORS: ANY CHANGES MADE TO CUSTOMER SPECS MUST BE PRE APPROVED BY PROJECT MANAGER PRIOR TO MANUFACTURING.

SCALE CHECK — WHITE BAR SHOULD MEASURE 1" LONG

A





NEW FRONT ELEVATION WITH OPEN FACED NEON LETTERS AND LOGO (1 SET EACH LAYOUT REQUIRED)
SCALE: ½" = 1'-0"

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MedSpring Urgent Care	CUSTOMER
102 West 11th Street	LOCATION
Houston, TX	CITY, ST
Mason Kimbrough (ACCT. EXEC.)	Samantha Causseaux (PRJ. MGR.)

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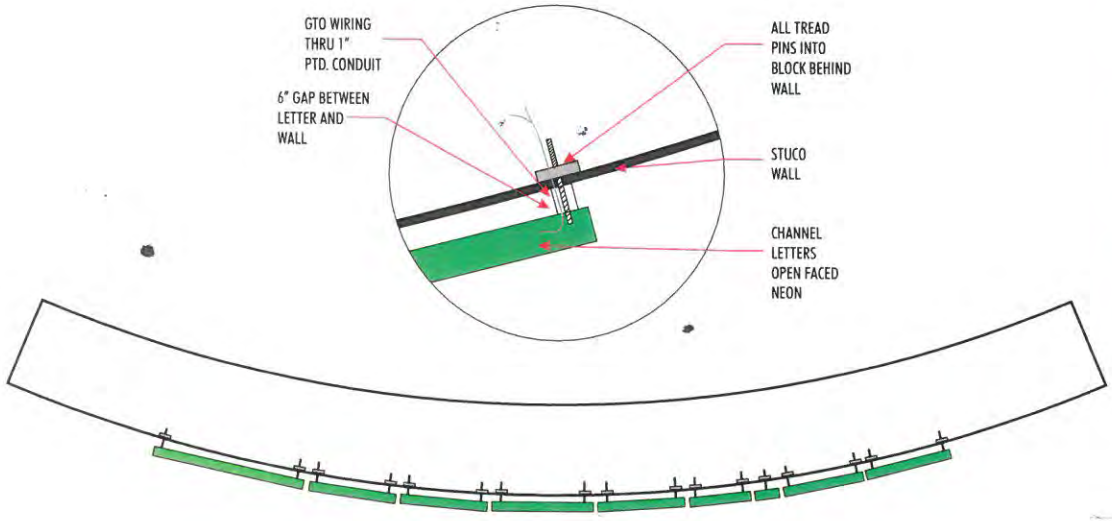

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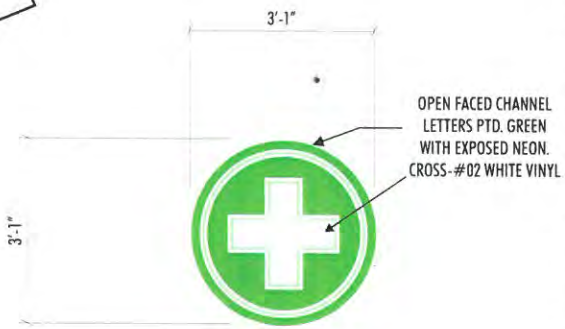

NEW FRONT ELEVATION WITH OPEN FACED NEON LETTERS AND LOGO (1 SET EACH LAYOUT REQUIRED)
SCALE: ½" = 1'-0"

2'-2 ½" x 15'-9" = 34.82 SQ. FT.

OPEN-FACE CHANNEL LETTERS WITH NEON LIGHTING

ITEM	DESCRIPTION			
	BASIC STRUCTURE			
1	RETURN	3"	.063 ALUM.	INT./EXT. PTD. PMS 360 C GREEN
2	BACK	.090 ALUM.	PTD. SAME AS RETURNS	
3	WEEP HOLES	NO		
	LIGHTING/ASSEMBLY			
6	NEON LIGHTING	13MM	WHITE ON LOGO, GREEN ON LTRS.	STD. GLASS TUBE SUPPORT
7	TRANSFORMERS	30MA	METAL TRANSFORMER CONTAINMENT BOX LOCATED BEHIND WALL	
8	SECONDARY	HI-FLEX MAX GTO-15 WIRE	MASTER TECHNOLOGY BOOTS/SLEEVES	
9	WIRE FEED	SEALTITE CONDUIT ALL GTO WIRES FEED THROUGH 2" TUBING		
10	CONTROL	WATER-TIGHT CUT-OFF SWITCH	TIMER ON/OFF (BY OTHERS)	
11	RACEWAY	7"x 7"	EXTRUDED ALUM. CENTER JUSTIFIED HIDDEN PTDM. WHITE	
	SUPPORT			
12	MOUNTING	NON-CORROSIVE MOUNTING SCREW IN ANCHOR		
13	MOUNTING	2" SQ. TUBING FRAME TO 'FLOAT' THE LETTERS OVER CANOPY		
14	MOUNTING	'Z' CLAMPS CLIPS BOLTED TO SIGN FRAME AND WALL		
15	PAINT	ALL TUBING WILL BE PAINTED SAME COLOR AS BACKWALL		

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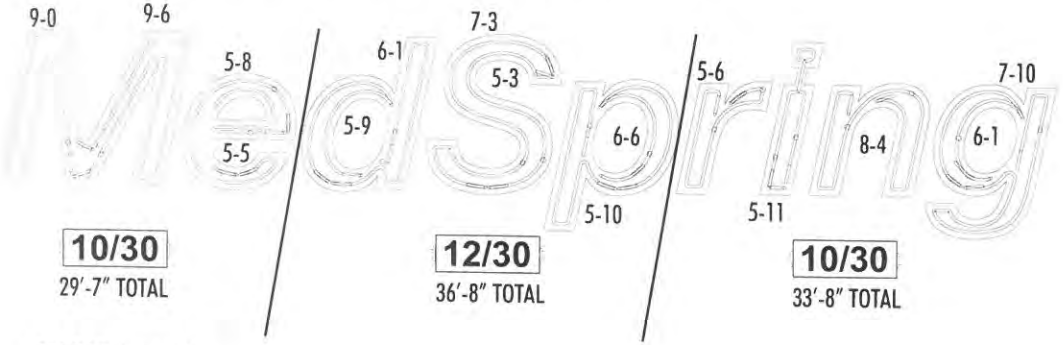
NOTE TO FABRICATORS: ANY CHANGES MADE TO CUSTOMER SPECS MUST BE PRE APPROVED BY PROJECT MANAGER PRIOR TO MANUFACTURING.

SCALE CHECK — WHITE BAR SHOULD MEASURE 1" LONG

A

19 ¼"-26 ½"CLTRS EXPOSED NEON



10/30
29'-7" TOTAL

12/30
36'-8" TOTAL

10/30
33'-8" TOTAL

8.4 TOTAL AMPS

TOTAL 13mm GREEN NEON FOOTAGE-100'

NEON LAYOUT
N.T.S.

37"LOGO EXPOSED NEON

NEON STRIPING AND TRANSFORMER LOAD
T.B.D. WAITING ON SURVEY OF CURVED WALL

TOTAL 13mm 6500 WHITE NEON FOOTAGE-17'-8"

NEON LAYOUT
N.T.S.

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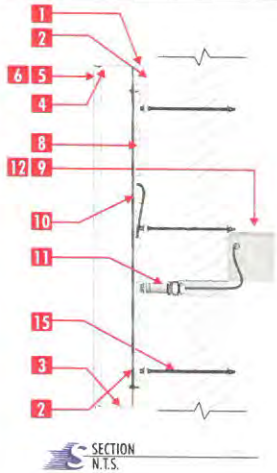

SECTION
N.T.S.

FACE EDGE DETAIL
N.T.S.

C

15'-10 ¼"

9'-3 ¼"

4'-7 ¼"

1'-4 ½"

9 ¼"

4'-4"

B

NEW SIDE ELEVATION WITH REVERSED CHANNEL LETTERS AND WHITE LIGHTING LOGO PAINTED ON (1 SET EACH LAYOUT REQUIRED)
SCALE: 3/8" = 1'-0"

4'-4" x 15'-10 ¼" = 70.56 SQ. FT.

35'-10 ¼"

4'-6 ¾"

4'-4"

2'-0 ¾"

NEW SIDE ELEVATION WITH REVERSED CHANNEL LETTERS AND WHITE HALO LIGHTING LOGO PAINTED ON (1 SET EACH LAYOUT REQUIRED)
SCALE: 3/8" = 1'-0"

4'-4" x 35'-10 ¼" = 139.18 SQ. FT.

NOTE TO FABRICATORS: ANY CHANGES MADE TO CUSTOMER SPECS MUST BE PRE APPROVED BY PROJECT MANAGER PRIOR TO MANUFACTURING.

SCALE CHECK — WHITE BAR SHOULD MEASURE 1" LONG

REVERSE CHANNEL LETTERS WITH LED LIGHTING

ITEM	DESCRIPTION		
	BASIC STRUCTURE		
1	RETURN	3" .040 ALUM.	PT.M. PMS 625C GREY
2	BACK	.150 CLEAR LEXAN BACK AND MID WALL SECTION	
3	WEEP HOLES	YES	
	FACE/DECORATION		
4	RETAINER	(NONE REQUIRED - TABS HOLD FACE IN PLACE)	
5	FACE	3/16" ACRYLIC #7328 WHITE w/VINYL APPLICATION	
6	VINYL	1st SURFACE APPLICATION (SEE LIST FOR COLORS)	
7	CROSS LOGOS	PAINTED ON WALL TO MATCH 3M VINYL 3630-136 LIME GREEN	
	LIGHTING/ASSEMBLY		
8	L.E.D. LIGHTING	HIGH OUTPUT LEDs WHITE	
9	POWER SUPPLY	LOCATED IN METAL CONTAINER BEHIND WALL	
10	SECONDARY	SUPPLY CABLE w/GROUND	
11	WIRE FEED	U.L. APPROVED NON-CONDUCTIVE WALL-BUSTER SLIP-STICK	
12	CONTROL	WATER-TIGHT CUT-OFF SWITCH	TIMER ON/OFF (BY OTHERS)
13	RACEWAY	(NONE REQUIRED)	
	SUPPORT		
14	BACKGROUND	(NONE REQUIRED)	
15	MOUNTING	¼" ALL-THREAD w/ NUTS & WASHERS (NON-CORROSIVE) FOR 2 ½" STANDOFF	

VINYL GRAPHICS COLORS

ITEM	#	COLOR
LOGO CIRCLE; "MEDSPRING"	3630-136	LIME GREEN
"URGENT CARE"	3630-127	INTENSE BLUE
CROSS & INSET BORDER OF LOGO	—	(REMAINS EXPOSED- WHITE)

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ACCT. EXEC.: Mason Kimbrough
PROJ. MGR.: Samantha Causseaux

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DESIGNER	REP / JOB #	CHRG. DATE	DWG. #	PAGE
K. Hufnagle	42209	07-06-15	1507-018	05 of 07

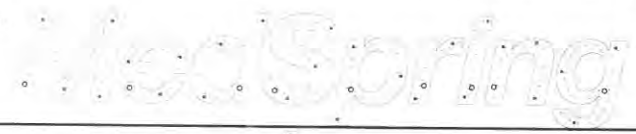
REVISIONS

#	DATE	BY	DESCRIPTION
1	08-11-15	KH	ADD PAINT COLORS TO DRAWING AND CHANGE COMBO TO JUST HALO
2	09-14-15	KH	CHANGE NOTES AND LOCATION OF MAIN SIGN
3	09-17-15	KH	ADD CLs FRAME TO 'FLOAT' LETTERS OFF THE WALL ABOVE CANOPY
4	09-24-15	KH	CHANGE THE MAIN FRONT BUILDING TO LOOK NORMAL
5	10-06-15	KH	CHANGE LETTERS TO MOUNT TO CANOPY BUT STILL LOOK LIKE FLOATING
6	10-23-15	KH	REVISE WITH NEW SURVEY INFORMATION

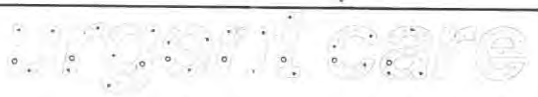
9 ¼"-16 ½"CLTRS

C

M	E	D	S	P	R	I	N	G
19 mods 11.4 w	10 mods 6.0 w	11 mods 6.6 w	10 mods 6.0 w	10 mods 6.0 w	5 mods 3.0 w	5 mods 3.0 w	8 mods 4.8 w	13 mods 7.8 w



Modules: 90
Watts: 54.0 of 60.0
PS: 60-W



U	R	G	E	N	T	C	A	R	E
7 mods 4.2 w	4 mods 2.4 w	10 mods 6.0 w	8 mods 4.8 w	7 mods 4.2 w	5 mods 3.0 w	5 mods 3.0 w	8 mods 4.8 w	4 mods 2.4 w	8 mods 4.8 w

Modules: 66
Watts: 39.6 of 60.0
PS: 60-W

30' or 90 MODULES MAX. PER 60 WATT POWER SUPPLY

156 Modules=52' SloanLED - V Series 2 (7200K)-701269-WV2-MB

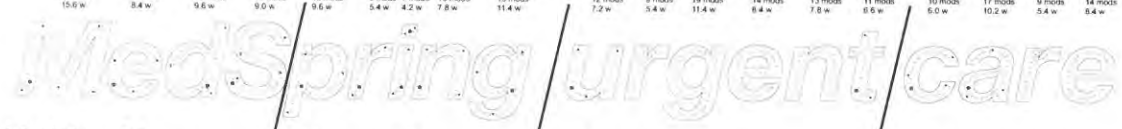
LED LAYOUT
N.T.S.

18"-24 ¾"CLTRS

B

M	E	D	S	P	R	I	N	G
26 mods 15.6 w	14 mods 8.4 w	16 mods 9.6 w	15 mods 9.0 w	16 mods 9.6 w	9 mods 5.4 w	7 mods 4.2 w	13 mods 7.8 w	19 mods 11.4 w

U	R	G	E	N	T	C	A	R	E
12 mods 7.2 w	9 mods 5.4 w	19 mods 11.4 w	14 mods 8.4 w	13 mods 7.8 w	11 mods 6.6 w	10 mods 6.0 w	17 mods 10.2 w	9 mods 5.4 w	14 mods 8.4 w



Modules: 71
Watts: 42.6 of 60.0
PS: 60-W

Modules: 64
Watts: 38.4 of 60.0
PS: 60-W

Modules: 78
Watts: 46.8 of 60.0
PS: 60-W

Modules: 50
Watts: 30.0 of 60.0
PS: 60-W

30' or 90 MODULES MAX. PER 60 WATT POWER SUPPLY

263 Modules=88' SloanLED - V Series 2 (7200K)-701269-WV2-MB

LED LAYOUT
N.T.S.

Since 1956
StarliteSign LP
www.starlitesign.com
7923 E. McKinney St., Denton, TX 76208
(940) 382-8850 Fax: (940) 387-0429

CUSTOMER: MedSpring Urgent Care
LOCATION: 102 West 11th Street
CITY, ST: Houston, TX
ACCT. EXEC.: Mason Kimbrough
PRJ. MGR.: Samantha Causseaux

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DESIGNER	JOB / JOINT	DRWG. DATE	DRWG. #	PAGE
K. Hufnagle	42209	07-06-15	1507-018	06 of 07

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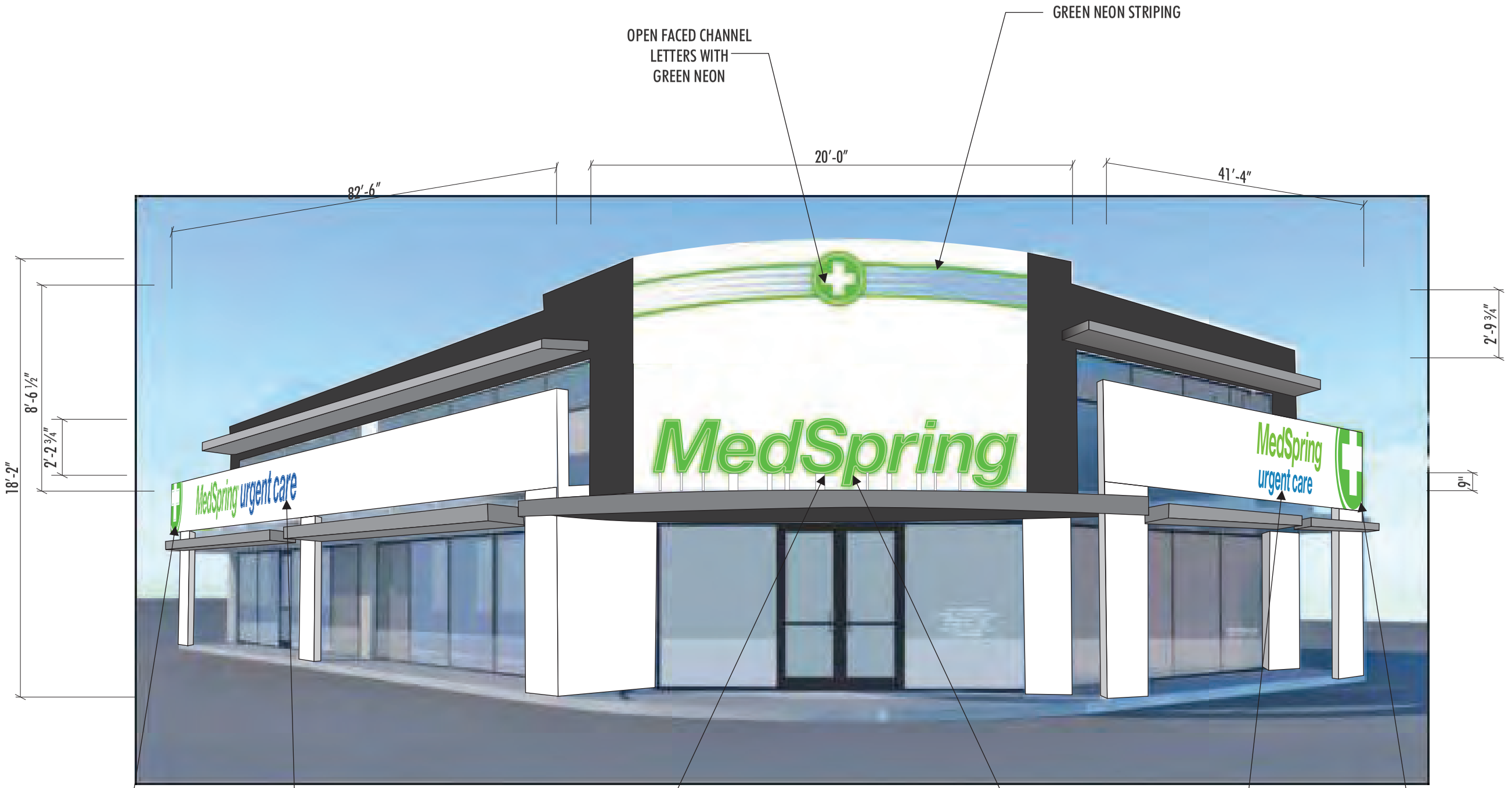
NOTE TO FABRICATORS: ANY CHANGES MADE TO CUSTOMER SPECS MUST BE PRE APPROVED BY PROJECT MANAGER PRIOR TO MANUFACTURING.

SCALE CHECK — WHITE BAR SHOULD MEASURE 1" LONG

Google Maps 102 W 11th St

ALL PAINTING BY OTHERS



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DESIGNER	BID* / JOB*	ORIG. DATE	DWG #	PAGE
K. Hufnagle	42209	07-06-15	1507-018	02 of 05

REVISIONS

#	DATE	BY	DESCRIPTION
1	08-11-15	KH	ADD PAINT COLORS TO DRAWING AND CHANGE COMBO TO JUST HALO

L.E.D. POWER SUPPLY PRIMARY WIRING CONNECTORS CONNECTED TO LINE VOLTAGE IN ACCORDANCE WITH NEC ARTICLE 600.

Construct & Install Using Only U.L. Listed Components & In Accordance w/Art. 600 of the N.E.C. & any Applicable Local Codes

U/L LABELS REQUIRED

(1) 20amp
120V DEDICATED CIRCUIT(S) REQ'D.

NOTE TO FABRICATORS: ANY CHANGES MADE TO CUSTOMER SPECS MUST BE PRE APPROVED BY PROJECT MANAGER PRIOR TO MANUFACTURING.

SCALE CHECK WHITE BAR SHOULD MEASURE 1" LONG