

**ZONING APPROVAL**  
**FOR ALL BUSINESSES**  
**EXCEPT HOME OCCUPATIONS**

DATE: 7/22/2025

APPLICANT: Lillian Fackrell

BUSINESS NAME: First Light Chiropractic and Family Wellness

ADDRESS: 688 SE Bayberry Lane suite 103C Lee's Summit, MO 64061

TYPE OF BUSINESS: Chiropractic

TELEPHONE: cell 816-419-6513 ZONING DISTRICT: \_\_\_\_\_

(To be completed by the Planning Dept.)

X NEW BUSINESS \_\_\_\_\_ CHANGE OF ADDRESS

\_\_\_\_\_ CHANGE OF OWNERSHIP

If applicable, what type of business previously occupied the space? (Include name of business if known)

massage Therapy (unknown name)

If locating in a previously occupied space, are there any building structural, mechanical, plumbing or electrical alterations or additions proposed? If so, please describe the nature of the alterations or additions.

none that I am aware of.

**AFTER THIS ZONING APPROVAL FORM HAS BEEN SIGNED, AN OCCUPANTIONAL/BUSINESS LICENSE APPLICATION AND FEE MAY BE ACCEPTED FOR FINAL PROCESSING IN THE FINANCE DEPARTMENT AT LEE'S SUMMIT, MISSOURI CITY HALL.**

NOTE: This form is required prior to acceptance of an application for an occupational/business license and issuance of a temporary permit to operate if the business location is within the limits of the City of Lee's Summit. New businesses with no physical location within the city do not require this form.

**APPROVED BY:**

\_\_\_\_\_  
DEPT. OF PLANNING & DEV.

\_\_\_\_\_  
CODES ADMINISTRATION

\_\_\_\_\_  
FIRE DEPARTMENT

- ☐ If checked, permits are required prior to performing any framing, mechanical, electrical or plumbing alterations or additions.

Lillian Fackrell  
APPLICANT SIGNATURE