

ZONING APPROVAL
FOR ALL BUSINESSES
EXCEPT HOME OCCUPATIONS

DATE: 11/04/2025
APPLICANT: Anna L Francis
BUSINESS NAME: Creative Wellness Solutions LLC
ADDRESS: 660 SE Bayberry Lane, Suite 101 Lee's Summit, MO 64063
TYPE OF BUSINESS: Mental Health Services
TELEPHONE: 816-645-9858 ZONING DISTRICT: CP-1
(To be completed by the Planning Dept.)

_____ NEW BUSINESS X _____ CHANGE OF ADDRESS
_____ CHANGE OF OWNERSHIP

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

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.
Not that I am aware of

Business Address
(Administrative Use)

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.


APPLICANT SIGNATURE

APPROVED BY:

DEPT. OF PLANNING & DEV.

Andrea Sessler

CODES ADMINISTRATION
n/a

FIRE DEPARTMENT

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