Business Address

ZONING APPROVAL

FOR ALL BUSINESSES EXCEPT HOME OCCUPATIONS

| DATE: | 7/11/19 | |
|--|--|--------------------------|
| APPLICANT: | Zachary Pavid Schl | verder |
| BUSINESS NAME: | Champion Wellness an | |
| ADDRESS: | 653 5W 2nd S | |
| TYPE OF BUSINESS: | Health and Wellness tha | sah weight tonining |
| TELEPHONE: | (816) 588-4017 | ZONING DISTRICT: |
| N | EW BUSINESS | CHANGE OF ADDRESS |
| CHANGE OF OWNERSHIP | | |
| If applicable, what type of business previously occupied the space? (Include name of business if known) | | |
| | | |
| 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. Tenant finish Change of use permit pending | | |
| 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. | | |
| 7 | THE PARTY OF THE P | APPROVED BY: |
| APPLICANT SI | GNATURE | DEPT. OF PLANNING & DEV. |
| performing ar electrical or p | ermits are required prior to ny framing, mechanical, lumbing alterations or | CODES ADMINISTRATION |
| additions. | | FIRE DEPARTMENT |
| * Contingent | upon approval of teno | FIRE DEPARTMENT |