## Business Address Administrative Hea

## **ZONING APPROVAL**

## FOR ALL BUSINESSES EXCEPT HOME OCCUPATIONS

DATE:	1/16/82020			
APPLICANT:	Samuel Somerhalder			
BUSINESS NAME:	Dr. Sammy Sonerhal	des IIC		
ADDRESS:	J . J	N suite 100	Lee's synnt, MU	64063
TYPE OF BUSINESS:	Chiropractic	-10	Dec Summittee	
TELEPHONE:	620 203-1716	ZONING DISTRICT: _ (To be complete)	leted by the Planning Dept.)	
XN	EW BUSINESS	CHAN	IGE OF ADDRESS	
C	HANGE OF OWNERSHIP			
If applicable, what type	of business previously occupied th	e 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.				
OCCUPANTIONAL/B FOR FINAL PROCES	ONING APPROVAL FO USINESS LICENSE APPLICA SING IN THE FINANCE DEPA	ATION AND FEE MA	AY BE ACCEPTED	
CITY HALL.				
and issuance of a temp	uired prior to acceptance of an apporary permit to operate if the businesses with no physical location of	ness location is within t	he limits of the City of	
S APPLICANT SIG	GNATURE	APPROVED BY:  DEPT. OF P	LANNING & DEV.	
performing any	rmits are required prior to y framing, mechanical, umbing alterations or	CODES AD	MINISTRATION  I N EPARTMENT	