ZONING APPROVAL

| FOR ALL BUSINESSES   |  |
|--|--|
| DATE: EXCEPT HOME OCCUPATION   | ONS  |
| 0505 19 180  |  |
| APPLICANT: Melissa Haras   |  |
| BUSINESS NAME: DODOOD DIVING SQ  | 1. 5 ) ( 5 ) ( 1) ( 1)   |
| ADDRESS: 3480 NE AKIN D  | Stelle Bring account   |
| TYPE OF BUSINESS: Chiropractic   | 00.0   |
| TELEPHONE: 814-533-7014 ZON  | ING DISTRICT: CP-2 (To be completed by the Planning Dept.)   |
| NEW BUSINESS   | CHANGE OF ADDRESS  |
| CHANGE OF OWNERSHIP  |  |
| If applicable, what type of business previously occupied the spa   | ace? (Include name of business if known)   |
| Lansas (in Salt mine   |  |
| 7001   | and the Control of th |
|  |  |
| If locating in a previously occupied space, are there any bu   | uilding structural, mechanical, plumbing or  |
| electrical alterations or additions proposed? If so, please additions.   | describe the nature of the alterations of  |
| - NO   |  |
| 100  | THE CONTRACT OF THE PARTY OF TH |
|  |  |
|  | A HAS BEEN SIGNED, AN  |
| AFTER THIS ZONING APPROVAL FORM OCCUPANTIONAL/BUSINESS LICENSE APPLICAT  | AND SEE MAY BE ACCEPTED  |
| DOCCUPANTIONAL/BUSINESS LICENSE APPLICATE FINAL PROCESSING IN THE FINANCE DEPAR  | TMENT AT LEE'S SUMMIT, MISSOURI  |
| CITY HALL.   |  |
| FOR FINAL PROCESSING IN THE FINANCE DEPAR CITY HALL.  NOTE: This form is required prior to acceptance of an appropriate approp | dication for an occupational/business license  |
| NOTE: This form is required prior to acceptance of an app<br>and issuance of a temporary permit to operate if the busin<br>Lee's Summit. New businesses with no physical location wi   | ess location is within the lithing of the state of the st |
| Lee's Summit. New businesses with no physical location in  | APPROVED BY:   |
| na.1 · )   | Dennifer Thompson Must meet conditions as outlines   |
| William da   | DEPT, OF PLANNING & DEVIN the UDO.   |
| APPLICANT SIGNATURE  | ber 1, of vertical and the second  |
| and the second s | property of the control of the contr |
| If checked, permits are required prior to  | CODES ADMINISTRATION   |
| performing any framing, mechanical,<br>electrical or plumbing alterations or   | na   |
| additions.   | FIRE DEPARTMENT  |
|  | FIRE DEPARTIMENT   |

\* - approval contingent upon receptacles in patient care areas in compliance with 2017 NEC 517.13 - permit required