ZONING APPROVAL

FOR ALL BUSINESSES
EXCEPT HOME OCCUPATIONS

DATE: 7/08/2020

APPLICANT: Chad Shirley, DO

BUSINESS NAME: Virtue Medical LLC

ADDRESS: 612 SW 3rd St, Suite D

TYPE OF BUSINESS: Primary Care (medical) clinic

TELEPHONE: (816)355-5007 **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)

Vacant for one year. Prior to that, law office & prior to that a dental office

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.

Completed already & passed city inspections in June 2020

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.

CODES ADMINISTRATION

FIRE DEPARTMENT

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