## usiness Address

## **ZONING APPROVAL**

## FOR ALL BUSINESSES EXCEPT HOME OCCUPATIONS

DATE:	07/22/2020	
APPLICANT:	Hailey Rasphonat	
BUSINESS NAME:	CHENONA POR STY	giced specied ists and Spats medici
ADDRESS:	2000 SE Blue Park	way, suite 120, Cees Sum, 1, mo
TYPE OF BUSINESS:	Neadthcare	64865
TELEPHONE:		ZONING DISTRICT:  (To be completed by the Planning Dept.)
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)  We are Subleasing Space from a Multi-Specialty Clinic		
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.		
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.		
APPROVED BY:		APPROVED BY:
APPLICANT S	IGNATURE (	DEPT. OF PLANNING & DEV.
performing a	ermits are required prior to ny framing, mechanical, blumbing alterations or	CODES ADMINISTRATION
		FIRE DEPARTMENT