

**ZONING APPROVAL  
FOR ALL BUSINESSES  
EXCEPT HOME OCCUPATIONS**

DATE: 08/04/2020  
APPLICANT: KERI POLTON  
BUSINESS NAME: COLORECTAL SURGICAL ASSOCIATES  
ADDRESS: 600 NW MURRAY RD STE 201 LEES SUMMIT MO 64081  
TYPE OF BUSINESS: HEALTH-DOCTOR OFFICE  
TELEPHONE: 8169410800 ZONING DISTRICT: \_\_\_\_\_  
(To be completed by the Planning Dept.)

\_\_\_\_\_ NEW BUSINESS                      X \_\_\_\_\_ CHANGE OF ADDRESS  
\_\_\_\_\_ CHANGE OF OWNERSHIP

If applicable, what type of business previously occupied the space? (Include name of business if known)  
NEW BUILDING \*\*NEW ADDRESS 1980 SE BLUE PARKWAY STE 2330 LEES SUMMIT MO 64063

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.

Business Address  
(Administrative Use)

**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.