Business Addres Administrative Us

ZONING APPROVAL

FOR ALL BUSINESSES EXCEPT HOME OCCUPATIONS

| 01/11/05000 | |
|---|---|
| DATE: 9(11/2020 | |
| APPLICANT: Jake Hudelesten | |
| BUSINESS NAME: Connet (o-working, (| LC |
| ADDRESS: 3350 NE Ralph Powell | Rd, Unit A, Leas Swamit, Me 6 |
| TYPE OF BUSINESS: CO-Working, training Co | ontacice space Rental. |
| TELEPHONE: 416-762-6326 | ZONING 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 space? (Include name of business if known) | |
| Control Service Comfam HVAC of Lishing Controls | |
| | |
| | |
| 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. | |
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| 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. | |
| $M\Omega$ | APPROVED BY: |
| | |
| APPLICANT SIGNATURE | DEPT. OF PLANNING & DEV. |
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| ☐ If checked, permits are required prior to | CODES ADMINISTRATION |
| performing any framing, mechanical, electrical or plumbing alterations or | na |
| additions. | |
| | FIRE DEPARTMENT |