ZONING APPROVAL

FOR ALL BUSINESSES EXCEPT HOME OCCUPATIONS

DATE: $\frac{9/22/20}{}$	
APPLICANT:	
BUSINESS NAME: Five Below (4031)	
ADDRESS: 472 NW Chipman Ro	d.
TYPE OF BUSINESS: Retail Merchandise	
TELEPHONE: 816-293-4174/215-546-7909	ZONING DISTRICT: PMIX (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)	
N/A - New build-out	
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.	
N/A - New Construction	
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 ap and issuance of a temporary permit to operate if the busi	
Lee's Summit. New businesses with no physical location within the city do not require this form.	
	APPROVED BY:
- Thields - Five Below, Inc.	
APPLICANT SIGNATURE	DEPT. OF PLANNING & DEV.
☐ If checked, permits are required prior to performing any framing, mechanical,	CODES ADMINISTRATION
electrical or plumbing alterations or additions.	na
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