## **ZONING APPROVAL**

## FOR ALL BUSINESSES EXCEPT HOME OCCUPATIONS

DATE: 12/22/2020	
APPLICANT: LAUREN FRUITS	
BUSINESS NAME: KO Property Manage	mant kc,  STE 9 LEFS SUMMIT, MO CYOS  +
ADDRESS: 463 SW WARD RD	STE 9 LEFS SUMMIT, MO C408
TYPE OF BUSINESS: Property Managemen	<del>-</del>
TELEPHONE: 816 267 9604	ZONING DISTRICT:
	(To be completed by the Planning Dept.)
NEW BUSINESS	CHANGE OF ADDRESS
X CHANGE OF OWNERSHIP	
If applicable, what type of business previously occupied the	e space? (Include name of business if known)
IPM (Integrity Property Management) are taking over.	) is the business we
are taking over.	
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.	ise describe the nature of the alterations of
NONE	
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	oplication for an occupational/business license
and issuance of a temporary permit to operate if the businesses with no physical location was	within the city do not require this form.
	APPROVED BY:
APPLICANT SIGNATURE	DEPT. OF PLANNING & DEV.
☐ If checked, permits are required prior to	CODES ADMINISTRATION
performing any framing, mechanical, electrical or plumbing alterations or	
additions.	
	FIRE DEPARTMENT

Business Address