## **ZONING APPROVAL**

## FOR ALL BUSINESSES EXCEPT HOME OCCUPATIONS

DATE: 12/22/2020	
APPLICANT: LAUREN FRUITS	
BUSINESS NAME: KO Property Manage	THE 9 LEFS SUMMIT, MO CHOS
ADDRESS: 463 SW WARD RD	STE 9 LEFS SUMMIT, MO CYOE
TYPE OF BUSINESS: Property Managemen	<i>+</i>
TELEPHONE: 816 267 9604	ZONING DISTRICT: CP-2
	(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 space? (Include name of business if known)	
IPM (Integrity Property Management	) 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.	
NONE	
ATTEN THE TONING APPROVAL FORM HAS BEEN SIGNED AN	
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 businesses with no physical location visions.	ness location is within the limits of the City of
	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.	na
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	FIRE DEPARTMENT

Business Address