

ZONING APPROVAL
FOR ALL BUSINESSES
EXCEPT HOME OCCUPATIONS

DATE: 12/26/20
APPLICANT: Alicia Grindstaff
BUSINESS NAME: AG Counseling LLC
ADDRESS: 529 SE 2nd St Suite A LS MO 64063
TYPE OF BUSINESS: Out patient mental health
TELEPHONE: 816 479 0205 ZONING DISTRICT: CP-1
(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)


Cross Connections Counseling
out patient mental health

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.

Unknown

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.

☒ If checked, permits are required prior to performing any framing, mechanical, electrical or plumbing alterations or additions.

CODES ADMINISTRATION

NA

FIRE DEPARTMENT