

**ZONING APPROVAL
FOR ALL BUSINESSES
EXCEPT HOME OCCUPATIONS**

DATE: 3-1-2021
APPLICANT: Kayla Hogue
BUSINESS NAME: Dialysis Clinic, Inc - Lee's Summit
ADDRESS: 2001 Shamrock Ave
TYPE OF BUSINESS: Dialysis Facility
TELEPHONE: 816-554-2711 ZONING DISTRICT: _____
(To be completed by the Planning Dept.)

_____ NEW BUSINESS X CHANGE OF ADDRESS
_____ CHANGE OF OWNERSHIP

If applicable, what type of business previously occupied the space? (Include name of business if known)

New build
Relocating from 219 N.W. Executive Way LS MO 64063

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.

NA

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.

APPROVED BY:

Kayla S Hogue
APPLICANT SIGNATURE
DCI Area Operations Director

DEPT. OF PLANNING & DEV.

CODES ADMINISTRATION

FIRE DEPARTMENT

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