## Business Address

## **ZONING APPROVAL**

## FOR ALL BUSINESSES EXCEPT HOME OCCUPATIONS

DATE:	3 23 2		
APPLICANT:	Greer Zoller (Co	mnady)	
BUSINESS NAME:	Abacus Account	ing Solutions LLC	
ADDRESS:	1308 NE Wind	sof Dr. usmo 1640816	
TYPE OF BUSINESS:			
TELEPHONE:	916-17-1- USD	ZONING DISTRICT: CP-1  (To be completed by the Planning Dept.)	
N	EW BUSINESS	CHANGE OF ADDRESS	
CHANGE OF OWNERSHIP			
If applicable, what type of business previously occupied the space? (Include name of business if known)			
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.			
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:		APPROVED BY:	
ABPLICANT SI	GNATURE	DEPT. OF PLANNING & DEV.	
	rmits are required prior to y framing, mechanical,	CODES ADMINISTRATION	
	umbing alterations or	na	
auditions:		FIRE DEPARTMENT	