

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

DATE: 05/24/2021  
APPLICANT: Barbara Bugan  
BUSINESS NAME: Connective Health-KC Massage Therapy  
ADDRESS: 3350 NE Ralph Powell Rd Ste 107  
TYPE OF BUSINESS: Massage Therapy  
TELEPHONE: 573 825 1601 ZONING DISTRICT: \_\_\_\_\_  
(To be completed by the Planning Dept.)

X NEW BUSINESS (2<sup>nd</sup> location) \_\_\_\_\_ CHANGE OF ADDRESS  
\_\_\_\_\_  
CHANGE OF OWNERSHIP

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

Property owned/managed by Connect Co-Working - unsure  
of info on specific suite we are renting - Suite 107

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.

No alterations needed

Business Address  
(Administrative Use)

**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.

\_\_\_\_\_  
CODES ADMINISTRATION

\_\_\_\_\_  
FIRE DEPARTMENT

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