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

	DATE:	12021	_
	APPLICANT:	KB1Z, Inc 3 .	
	BUSINESS NAME:	Stretch Zon +	
	ADDRESS:	740 NW Payor	ed suite B Lees Summit MO6408
1	TYPE OF BUSINESS:	Assisted sheld i	15
Bueinees Addrees (Administrative Use)	TELEPHONE:	913-626-9770	ZONING DISTRICT:
	$\checkmark$		(To be completed by the Planning Dept.)
	NEW BUSINESS		CHANGE OF ADDRESS
	C	HANGE OF OWNERSHIP	
	If locating in a previous electrical alterations or additions. M/A	sly occupied space, are there additions proposed? If so,	any building structural, mechanical, plumbing or please describe the nature of the alterations or
	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 DEPT. OF PLANNING & DEV.		
	☐ If checked, per performing an	rmits are required prior to y framing, mechanical, umbing alterations or	CODES ADMINISTRATION

additions. PRCOM20213799

FIRE DEPARTMENT