ZONING APPROVAL
FOR ALL BUSINESSES
EXCEPT HOME OCCUPATIONS

DATE: 08-19-2021

APPLICANT: Morgan M Barker

BUSINESS NAME: CM Barker, LLC

ADDRESS: 3350 NE Ralph Powell Rd, Suite 113, Lees Summit MO 64064-2368

TYPE OF BUSINESS: **Missouri Government contractor to perform financial, administrative and point of service functions.**
(This is NOT a point of service location, we will only be meeting the general public at this location for complaint resolution or for internal investigation of point of service locations. The purpose of this location is administration of other locations)

TELEPHONE: office (816) 287-5007 mobile (417) 661-1233 **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)
it is currently serving as an office rental space and shared working space environment. We are the first tenant for the suite we currently occupy. The prior occupancy for the building was office work space.

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 we are not authorized by the landlord nor do we seek to modify any of the buildout, neither structural, mechanical, plumbing or electrical.

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.

APPROVED BY:

Morgan M Barker
APPLICANT SIGNATURE

_____
DEPT. OF PLANNING & DEV.

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

_____
CODES ADMINISTRATION

_____
FIRE DEPARTMENT