

ZONING APPROVAL
FOR ALL BUSINESSES
EXCEPT HOME OCCUPATIONS

DATE: 8/27/21
APPLICANT: Western Anesthesiology Associates, Inc.
BUSINESS NAME: Premier Dental Anesthesiology / PDA
ADDRESS: 2710 NE Independence Ave. Lee's Summit, MO 64064
TYPE OF BUSINESS: Office / Storage for in-office dental anesthesia practice
TELEPHONE: 636-386-9224 ZONING DISTRICT: CS
(To be completed by the Planning Dept.)

_____ NEW BUSINESS X CHANGE OF ADDRESS
_____ CHANGE OF OWNERSHIP

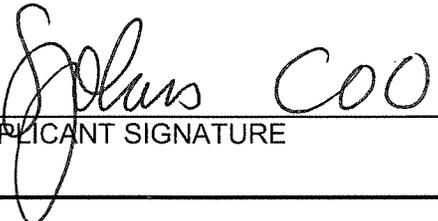
If applicable, what type of business previously occupied the space? (Include name of business if known)
Dance studio

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.
N/A to be covered in change of use permit

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
na

FIRE DEPARTMENT

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

8/31/21 - spoke to Amy Marouk and sent her application forms to start change of use permit process