

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

DATE: 10/1/21  
APPLICANT: Jim Stone  
BUSINESS NAME: ETC PHYSICAL THERAPY  
ADDRESS: 869 SW LEMANS LN, LEE'S SUMMIT, MO 64082  
TYPE OF BUSINESS: OUTPATIENT PHYSICAL THERAPY  
TELEPHONE: 8163319111 ZONING DISTRICT: CP-2  
(To be completed by the Planning Dept.)

NEW BUSINESS  CHANGE OF ADDRESS  
 CHANGE OF OWNERSHIP

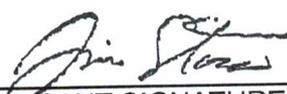
If applicable, what type of business previously occupied the space? (Include name of business if known)  
FAMILY DOLLAR RETAIL

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

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.

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

\_\_\_\_\_  
CODES ADMINISTRATION  
na  
\_\_\_\_\_  
FIRE DEPARTMENT

**Change of use permit required. Doctor has been made aware.**