

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

DATE: 3/15/2022

APPLICANT: Kerry Chandler - Representative

BUSINESS NAME: Spinal Rehabilitation Centers, LLC

ADDRESS: 3552 SW Market St, Lees Summit, MO 64082

TYPE OF BUSINESS: Chiropractic Practice

TELEPHONE: 816-218-0087 **ZONING DISTRICT:** CP-2
(To be completed by the Planning Dept.)

Yes **NEW BUSINESS** _____ **CHANGE OF ADDRESS**
_____ **CHANGE OF OWNERSHIP**

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

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.

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.

Kerry Chandler

APPROVED BY:

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

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FIRE DEPARTMENT