

ZONING APPROVAL
FOR ALL BUSINESSES
EXCEPT HOME OCCUPATIONS

DATE: 3-16/22
APPLICANT: Melissa Hanks
BUSINESS NAME: 360° Wellness Counseling LLC
ADDRESS: 1076 SE Bayberry Ln Suite 105 Lee's Summit, MO 64063
TYPE OF BUSINESS: Mental Health Therapy Professional Office
TELEPHONE: 913 852-8476
ZONING DISTRICT: _____
(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)

Counseling Office

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.

None

AFTER THIS ZONING APPROVAL FORM HAS BEEN SIGNED, AN OCCUPANTIAL/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:

APPLICANT SIGNATURE

Melissa Hanks

DEPT. OF PLANNING & DEV.

CODES ADMINISTRATION

FIRE DEPARTMENT

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

Business Address
(Administrative Use)