ZONING APPROVAL FOR ALL BUSINESSES

	EAGEPTI		
DATE:			
APPLICA	NT:		
BUSINES	S NAME:		
ADDRESS	S:		
TYPE OF	BUSINESS:		
TELEPHO	NE:	ZONING DISTRICT: CP-2	
		(To be completed by the Planning Dept.)	
V	NEW BUSINESS	CHANGE OF ADDRESS	
	CHANGE OF OWNER	SHIP	
If applicab	le what two of husiness proviously	v occupied the space? (Include name of business if known)	
	ie, what type of business previously		
		are there any building structural, mechanical, plumbing o	
electrical additions.	alterations or additions proposed?	If so, please describe the nature of the alterations of	
auditions.			
AFTER	THIS ZONING APPRO	,	
		E APPLICATION AND FEE MAY BE ACCEPTED NCE DEPARTMENT AT LEE'S SUMMIT, MISSOUR	
CITY HAI			
NOTE T	his form is required prior to accept	ance of an application for an occupational/business license	
and issuar	nce of a temporary permit to operation	te if the business location is within the limits of the City of	
Lee's Sum	mit. New businesses with no phys	ical location within the city do not require this form.	
		APPROVED BY:	
	Rein		
AF	PPLICANT SIGNATURE	DEPT. OF PLANNING & DEV.	
	checked, permits are required	prior to	
	rforming any framing, mechar		
	ectrical or plumbing alterations		

Business Address (Adm<u>inistrative Use)</u>

additions.

FIRE DEPARTMENT