(Administrative Use)

ZONING APPROVAL

FOR ALL BUSINESSES EXCEPT HOME OCCUPATIONS

DATE:	3/3/12022		
APPLICANT:	Musudeen Harrel	(
BUSINESS NAME:			
ADDRESS:	_ 300 SW Poel Les	is Summit, Mo 64063	
TYPE OF BUSINESS:	In Home Care		
TELEPHONE:	(216) 7699-2352 Z	ONING DISTRICT: <u>CP-2</u> (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)			
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.			
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.			
APPROVED BY:			
Musudeen t			
APPLICANT SI	GNATURE	DEPT. OF PLANNING & DEV.	
performing ar	ermits are required prior to ny framing, mechanical, lumbing alterations or	CODES ADMINISTRATION	
		FIRE DEPARTMENT	