ZONING APPROVAL

FOR ALL BUSINESSES EXCEPT HOME OCCUPATIONS

DATE:	4-26-22		
APPLICANT:	Steve Edwar	rds	
BUSINESS NAME:	Midwest Di	str.607.04	
ADDRESS:	421 NW Cak	lital prive	
TYPE OF BUSINESS:	TYPE OF BUSINESS: Distribution		
TELEPHONE:	816-246 2149		
		(To be completed by the Planning Dept.)	
N	EW 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. New building			
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.			
lm		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. PRCOM20204321		CODES ADMINISTRATION NA FIRE DEPARTMENT	

Business Addres