

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

DATE: 06/01/2022
APPLICANT: Karvel G. Kofoed
BUSINESS NAME: Expert Family Care, LLC DBA Assisting Hands Lee's Summit
ADDRESS: 612 SW 3rd St, Suite B, Lee's Summit, MO 64063
TYPE OF BUSINESS: Non-medical Home Health Care Services
TELEPHONE: 573.465.8100 **ZONING DISTRICT:** _____
(To be completed by the Planning Dept.)

Starting 7/5/2022 NEW BUSINESS CHANGE OF ADDRESS
CHANGE OF OWNERSHIP

If applicable, what type of business previously occupied the space? (Include name of business if known)
Not Known - New Lease

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 Paint + Carpet

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:

Karvel G. Kofoed
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

FIRE DEPARTMENT

Business Address
(Administrative Use)