Business Address Administrative Use

ZONING APPROVAL

FOR ALL BUSINESSES EXCEPT HOME OCCUPATIONS

DATE:		
APPLICANT:		
BUSINESS NAME:		
ADDRESS:		
TYPE OF BUSINESS:		
TELEPHONE:		ZONING DISTRICT: CP-2 (To be completed by the Planning Dept.)
NE	W BUSINESS	CHANGE OF ADDRESS
CH	IANGE OF OWNERSHIP	
If applicable, what type o	f business previously occupied th	e space? (Include name of business if known)
		y building structural, mechanical, plumbing or ase describe the nature of the alterations or
OCCUPANTIONAL/BU	JSINESS LICENSE APPLICA	RM HAS BEEN SIGNED, AN ATION AND FEE MAY BE ACCEPTED ARTMENT AT LEE'S SUMMIT, MISSOURI
and issuance of a tempo	prary permit to operate if the bus	oplication for an occupational/business license iness location is within the limits of the City of within the city do not require this form.
		APPROVED BY:
APPLICANT SIG	NATURE	DEPT. OF PLANNING & DEV.
performing any	mits are required prior to framing, mechanical, imbing alterations or	CODES ADMINISTRATION
		FIRE DEPARTMENT