

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

DATE: 08/11/2022  
APPLICANT: Larry Harkrader Construction, Inc.  
BUSINESS NAME: Larry Harkrader Construction, Inc.  
ADDRESS: 401B NW Murray Rd.  
TYPE OF BUSINESS: General Contractor Office only  
TELEPHONE: 816-607-7191 ZONING DISTRICT: CP-2  
(To be completed by the Planning Dept.)

\_\_\_\_\_ NEW BUSINESS X \_\_\_\_\_ CHANGE OF ADDRESS  
\_\_\_\_\_ CHANGE OF OWNERSHIP

If applicable, what type of business previously occupied the space? (Include name of business if known)  
National University

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.

Completed prior to moving in PRCOM20215684

**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.

  
APPLICANT SIGNATURE

APPROVED BY:

\_\_\_\_\_  
DEPT. OF PLANNING & DEV.

☐ If checked, permits are required prior to performing any framing, mechanical, electrical or plumbing alterations or additions.

\_\_\_\_\_  
CODES ADMINISTRATION

NA

\_\_\_\_\_  
FIRE DEPARTMENT



Expiration date: 06/30/2022

### Business License Renewal

220 SE Green Street  
Lee's Summit, MO 64063  
Phone 816.969.1220 / Fax 816.969.1221 / [www.cityofls.net](http://www.cityofls.net)

LARRY HARKRADER CONSTRUCTION  
Licensing  
1001 NW CHIPMAN RD, Unit 113  
LEES SUMMIT, MO 64081

#### PLEASE NOTIFY US IF YOU DISCONTINUE YOUR BUSINESS.

Please Update your Information. If there are changes to the information provided, please draw a line through and correct.

Physical Business Address: 1001 NW CHIPMAN RD 113 LEES SUMMIT, MO 64081  
Business E-Mail Address:: CHET@HARKRADERCONSTRUCTION.COM  
Legal Name of Business: (if different than DBA):  
Type of Organization: Construction  
Please provide your NAIC Code:

Renew on-line communications email address: Chet@harkraderconstruction.com

(If you would like to renew on-line, you must provide an email above. This email address could be different than the Business Email Address. This email address is the person that is responsible for Business Licenses/Renewals at your place of business)

**\*\*IMPORTANT!** If you would like to RENEW your Business License online, please visit  
<https://devservices.cityofls.net/renew-business-license.html> for instructions.

Business Phone Numbers :

Primary	Cell	Fax
8166077191	8163921888	8166077192

Contact Information :

Primary	Secondary	Emergency
CHET HARKRADER, Address:23853 W 124TH CT, Phone:{816} 392-1888	CLINT HARKRADER, Phone:{816} 392-0054	

(Continued on back page)

Please provide a general description or scope of work for your business:

GENERAL CONTRACTOR - HOME BUILDER

**\*For businesses physically located in Lee's Summit this section MUST be completed\***

Has your Physical Address changed over the last year? **Y or N** (If yes complete Zoning Approval Form)

Is business located in a Lee's Summit **Commercial area or Residential?** (circle)

Do you have an intrusion alarm? **Y or N** (circle)

Total Building Square Footage - 400

Employee Headcount for this location:

Full Time: 2

Part Time:

Temporary:

**IF PHYSICAL ADDRESS HAS CHANGED WITHIN LEE'S SUMMIT, PLEASE SUBMIT A NEW ZONING FORM. Zoning forms located on website at [www.cityofls.net](http://www.cityofls.net).**

**CONTRACTOR LICENSING INFORMATION \*\*\*Contractors – please complete this section\*\*\***

Please select type of contractor license requested - \$25.00 annual contractor license fee for each Class

- ☒ **Class A – General Contractor:** construct, remodel, demolish, repair any structure  
☐ **Class B – Building Contractor:** construct, remodel, demolish, repair all structures not exceeding 3 stories in height  
☐ **Class C – Residential Contractor:** construct, remodel, demolish, repair any single family, duplex or townhouse structure  
☐ **Class D – Mechanical Contractor:** perform mechanical (HVAC) services  
☐ **Class D – Electrical Contractor:** perform electrical services  
☐ **Class D – Plumbing Contractor:** perform plumbing services

Please provide name of licensed representative (master) to be licensed: CHET HARKNESS Phone #: ( ) \_\_\_\_\_  
Email: \_\_\_\_\_ Cell #: ( ) 816 392 1880

☒ If renewal – provide 8 hours of CEU (please provide documentation of completion) or include optional in lieu of CEU fee of \$100.00 per license classification

**FEE CALCULATION (please check those that apply):**

- ☒ \$50 Business License Fee (base fee)  
☐ \$25 Contractor License Fee (\$25 for each license classification ie: Mechanical & Plumbing = \$50)  
☐ \$100 Contractor fee in lieu of completion of 8 hours of annual continuing education (CEU) for each license classification

\_\_\_\_\_ Penalty for delinquent license is 5% per month not to exceed 25% (is delinquent 60 days after expiration)

\_\_\_\_\_ Total fee

I declare under penalty of perjury that to the best of my knowledge and belief the statements made herein are true and correct.

[Signature]  
Signature of Owner(s) or Corporation Agent/Owner

VP  
Title

08/11/22  
Date

The filing of this application or the granting of a business license neither confirms nor approves the use of land as regulated under the provisions of the zoning code, and is further subject to all applicable federal, state and local laws and regulations which apply to specific occupations and businesses. Payment by Check – make check payable to City of Lee's Summit.

**FOR OFFICE USE ONLY**

License Effective from \_\_\_\_\_ to \_\_\_\_\_ Fee Remitted \$\_\_\_\_\_ License # \_\_\_\_\_



# CERTIFICATE OF LIABILITY INSURANCE

Fax: (816)969-1138

DATE (MM/DD/YYYY)

08/11/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. IF SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> <b>AHI Group</b> 2143 E 151st Street Olathe, KS 66062 License #: 262718591-000	<b>CONTACT NAME:</b> Donald E. Hines, Jr.	<b>FAX (A/C, No.):</b> 913-839-1479	
	<b>PHONE (A/C, No, Ext):</b> 913-839-1478	<b>E-MAIL ADDRESS:</b> don@autohomeinsurancegroup.com	
<b>INSURED</b> <b>Larry Harkrader Construction, Inc.</b> DBA Larry Harkrader 1001 NW Chipman Rd Ste 113 Lees Summit, MO 64081-3943	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A: Auto-Owners Insurance</b>		<b>32700</b>
	<b>INSURER B: Auto-Owners Insurance</b>		<b>18988</b>
	<b>INSURER C: Stonetrust Insurance</b>		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		
<b>INSURER F:</b>			

**COVERAGES****CERTIFICATE NUMBER: 00018533-0****REVISION NUMBER: 5**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:		75030326	04/27/2022	04/27/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		4103032601	04/30/2022	04/30/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		4103032602	04/27/2022	04/27/2023	EACH OCCURRENCE \$ AGGREGATE \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	AFWCP100025893-01	05/01/2022	05/01/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER****CANCELLATION**

City of Lees Summit  
PO BOX 1600  
Lees Summit, MO 64063-6700

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

(DON)

© 1988-2015 ACORD CORPORATION. All rights reserved.

JOHNSON COUNTY, KANSAS  
CONTRACTOR LICENSING

# Certificate of Completion

**CHET HARKRADER**

LARRY HARKRADER CONSTRUCTION, INC.

For Attending

**(2021) 11-03-21 03-7B Problems and Solutions in Thin Adhered Masonry  
Veneer/Architectural Cast Stone Systems and Understanding Water Intrusion Issues in  
Residential and Commercial Structures (A, B, C, DW Code Credit)**

AWARDED: 4.00 Hours of Continuing Education  
November 03, 2021

JOHNSON COUNTY, KANSAS  
CONTRACTOR LICENSING

# Certificate of Completion

**CHET HARKRADER**

LARRY HARKRADER CONSTRUCTION, INC.

For Attending

**(2021) 11-04-21 04-6A Mass Timber Construction Management: Economics, Logistics &  
Risk Analysis (A, B, C, DW Code Credit)**

AWARDED: 4.00 Hours of Continuing Education  
November 04, 2021