

ZONING APPROVAL
FOR ALL BUSINESSES
EXCEPT HOME OCCUPATIONS

DATE: 9/21/22
APPLICANT: Nancy Jenkins
BUSINESS NAME: Aloha Behavioral Counseling
ADDRESS: 208 SE 3rd Street, Lee's Summit, MO 64063

TYPE OF BUSINESS: mental health counseling

TELEPHONE: 913-709-0229 ZONING DISTRICT: _____
(To be completed by the Planning Dept.)

X NEW BUSINESS _____ CHANGE OF ADDRESS

CHANGE OF OWNERSHIP

If applicable, what type of business previously occupied the space? (Include name of business if known)
I am working with Ivy Pellerito of REFRESH and WELLNESS Counseling. She is my supervisor
and I am renting an office space from her.

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.

Business Address
(Administrative Use)


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

FIRE DEPARTMENT