## Business Address (Administrative Us.

## **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	ANGE OF OWNERSHIP	
If applicable, what type o	f business previously occupied th	e 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.		
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:
APPLICANT SIG	NATURE	DEPT. OF PLANNING & DEV.
performing any	mits are required prior to framing, mechanical, imbing alterations or	CODES ADMINISTRATION
		FIRE DEPARTMENT