ZONING APPROVAL

FOR ALL BUSINESSES
EXCEPT HOME OCCUPATIONS

DATE: 01/20/2023

APPLICANT: Christopher Jordan

BUSINESS NAME: Jordan's Chiropractic & Wellness, LLC DBA Summit Chiropractic

ADDRESS: 3552 SW Market St Lees Summit Mo 64082

TYPE OF BUSINESS: Chiropractic Health Care

TELEPHONE: 816-988-0058 **ZONING DISTRICT:** _____
(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)

Chiropractic Office, Rustici Wellness

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.

Previously occupied space was demoed and a complete buildout was performed with new plumbing and electrical. All permits were pulled by our contractor, "Amanda Lee Interiors".

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.

CODES ADMINISTRATION

FIRE DEPARTMENT

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