Business Addre (Administrative U

ZONING APPROVAL

FOR ALL BUSINESSES EXCEPT HOME OCCUPATIONS

| DATE: | 3-1-2023 | | |
|---|--|---------------------------------|-----------|
| APPLICANT: | Lauri A. Ruth | | |
| BUSINESS NAME: | Counseling With Compassion | | |
| ADDRESS: | lette SE Bayberry in Ste 103C | | |
| TYPE OF BUSINESS: | Counseling Center | | |
| TELEPHONE: | \$16 260 4403 | ZOMMO DISTRICT. | CP-1 |
| <i>f</i> | | (To be completed by the | |
| N | EW BUSINESS | CHANGE OF | ADDRESS |
| CHANGE OF OWNERSHIP | | | |
| If applicable, what type of business previously occupied the 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. | | | |
| Laurica | Buth | APPROVED BY: | |
| APPLICANT SIG | SNATURE | DEPT. OF PLANNIN | IG & DEV. |
| performing an | rmits are required prior to y framing, mechanical, umbing alterations or | CODES ADMINIST na FIRE DEPART | |

^{** -} approval contingent upon completion of change of use permit process. Client has been informed.