## ZONING APPROVAL FOR ALL BUSINESSES EXCEPT HOME OCCUPATIONS

DATE:		
APPLICANT:		
BUSINESS NAME:		
ADDRESS:		
TYPE OF BUSINES	S:	
TELEPHONE:		ZONING DISTRICT: (To be completed by the Planning Dept.)
	NEW BUSINESS	CHANGE OF ADDRESS
	CHANGE OF OWNERSHI	D
If applicable, what typ	be of business previously oc	cupied the space? (Include name of business if known)
If locating in a previ	ously occupied space are	there any building structural mechanical plumbing or

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.

change of use permit required. Mr. Catana has been made aware

Business Address Administrative Use)

 $\Box$ 

## 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 SIGNATURE

If checked, permits are required prior to performing any framing, mechanical, electrical or plumbing alterations or additions. DEPT. OF PLANNING & DEV.

CODES ADMINISTRATION

FIRE DEPARTMENT