

ZONING APPROVAL
FOR ALL BUSINESSES
EXCEPT HOME OCCUPATIONS

DATE: 3/27/23

APPLICANT: _____

BUSINESS NAME: Raintree Family Dental Care

ADDRESS: 3501 SW Market St., Lee's Summit, Missouri, 64082

TYPE OF BUSINESS: Dental Office

TELEPHONE: 816-623-3563 **ZONING DISTRICT:** CP-2
(To be completed by the Planning Dept.)

_____ **NEW BUSINESS**  **CHANGE OF ADDRESS**

_____ **CHANGE OF OWNERSHIP** Old Location: 3751 Hollywood Dr,
Lee Summit, Missouri 64082

If applicable, what type of business previously occupied the space? (Include name of business if known)

A dental office


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.

A full remodel **PRCOM20225022**

Business Address
(Administrative Use)

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.



APPLICANT SIGNATURE

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

APPROVED BY:

DEPT. OF PLANNING & DEV.

CODES ADMINISTRATION

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FIRE DEPARTMENT