## **ZONING APPROVAL**

## FOR ALL BUSINESSES EXCEPT HOME OCCUPATIONS

	DATE:	5/10/23				
	APPLICANT:	Sommer Nelson  Lee's Summit Animal Hospital North  250 NW McNary Court, Lee's Summit, MO 64086				
	BUSINESS NAME:					
	ADDRESS:				64086	
	TYPE OF BUSINESS:	Veterinary services				
	TELEPHONE:	818-707-5215	ZONIN	IG DISTRICT:	CP-2	
				(To be com	pleted by the Planning Dept.)	
	N	EW BUSINESS _	XXXX	CHA	NGE OF ADDRESS	
	CHANGE OF OWNERSHIP					
If applicable, what type of business previously occupied the space? (Include name of bus					ne of business if known)	
					*	
	If locating in a previous	sly occupied space, are there	any buildir	ng structural, n	nechanical, plumbing or	
electrical alterations or additions proposed? If so, please describe the nature of the alteration additions.  PRCOM20211647  No.					ire of the alterations or	
AFTER THIS ZONING APPROVAL FORM HAS BEEN SIGNED, A						
OCCUPANTIONAL/BUSINESS LICENSE APPLICATION AND FEE MAY BE ACCEPTED FOR FINAL PROCESSING IN THE FINANCE DEPARTMENT AT LEE'S SUMMIT, MISSOURI						
CITY HALL.						
l		OTE: This form is required prior to acceptance of an application for an occupational/business license				
<ul> <li>and issuance of a temporary permit to operate if the business location is within the Lee's Summit. New businesses with no physical location within the city do not requ</li> </ul>						
	APPROVED BY:				Digitally signed by Shannon	
Shannon McGuire McGu Date:						
APPLICANT SIGNATURE				DEPT. OF	08:28:59-05'00' PLANNING & DEV.	
			3		Digitally signed by Joe Frogge	
	☐ If checked, permits are required prior to		·		Date: 2023.05.11 08:27:49-05'00'	
performing any framing, electrical or plumbing al				CODES	ADMINISTRATION na	
additions.				Πα		
				FIRE I	DEPARTMENT	

**Ausiness Address**