

**ZONING APPROVAL
FOR ALL BUSINESSES
EXCEPT HOME OCCUPATIONS**

DATE: July 21, 2023

APPLICANT: Jennifer Cepeda-Brown

BUSINESS NAME: ComForCare Home Care

ADDRESS: 688 SE Bayberry Lane , suite 103 Lee's Summit, MO 64063

TYPE OF BUSINESS: Home Care

TELEPHONE: 917-392-7026 **ZONING DISTRICT:** _____
(To be completed by the Planning Dept.)

 X NEW BUSINESS _____ CHANGE OF ADDRESS

_____ CHANGE OF OWNERSHIP

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

The previous renter used the space as storage for her products. I think
that she was a makeup artist.

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.

There are no alterations. This space will only be used as office space.

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

APPROVED BY:

DEPT. OF PLANNING & DEV.

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

CODES ADMINISTRATION

FIRE DEPARTMENT