

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

DATE: 10/12/23
APPLICANT: Tammie Bailey
BUSINESS NAME: Summit BHC dba The Aviary Recovery Center
ADDRESS: 3340 NE Ralph Powell Rd, Unit A. Lee's Summit, MO 64064
TYPE OF BUSINESS: Behavioral Health Care
TELEPHONE: 573-225-2599 ZONING DISTRICT: CP-2
(To be completed by the Planning Dept.)

_____ NEW BUSINESS _____ CHANGE OF ADDRESS
_____ CHANGE OF OWNERSHIP

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

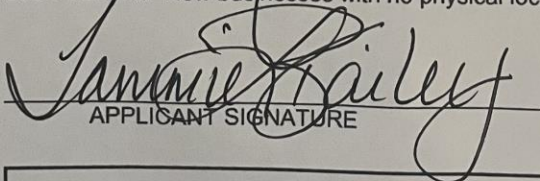
If locating in a previously occupied space, are there any building structural, mechanical, plumbing or electrical alterations or additions proposed? If so, please describe the nature of the alterations or additions.

Yes. Demising space to add separation for group spaces/offices. Permits obtained for this by contractor.

PRCOM20233906

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.

CODES ADMINISTRATION

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FIRE DEPARTMENT

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