## **ZONING APPROVAL**

## FOR ALL BUSINESSES EXCEPT HOME OCCUPATIONS

DATE:	1/11/2024		
APPLICANT:			
BUSINESS NAME:			
ADDRESS:	430 SW Logview Blvd Suite 100		
TYPE OF BUSINESS:	Insurance Sales and Serv	ice	
TELEPHONE:	816-744-8131	ZONING DISTRICT: PMIX  To be completed by the Planning Dept.)	
N	EW BUSINESS	X CHANGE OF ADDRESS	
с	HANGE OF OWNERSHIP		
If applicable, what type	of business previously occup	ied the space? (Include name of business if known)	
	o be pulled by contractor	ase describe the nature of the alterations or additions.  RCOM20235746	
AFTER THIS Z DCCUPANTIONAL/B INAL PROCESSING EBLL. OTE: This form is recand issuance of a temp	ONING APPROVAL USINESS LICENSE APPL IN THE FINANCE DEPA	LICATION AND FEE MAY BE ACCEPTED FOR RTMENT AT LEE'S SUMMIT, MISSOURI CITY  an application for an occupational/business license business location is within the limits of the City of ation within the city do not require this form.	
APPLICANT SIG	GNATURE	DEPT. OF PLANNING & DEV.	
☐ If checked, per			