Business Address Artministration IIs

ZONING APPROVÁL

FOR ALL BUSINESSES EXCEPT HOME OCCUPATIONS

DATE:	1/23/2024	
APPLICANT:	Abby Jewell	
BUSINESS NAME:	Jewell Orth	odontics
ADDRESS:	2070 NW Lowe	instein Dr. Suite C. Lee's Su
TYPE OF BUSINESS:	Orthodontics	Office (LLC) 'MO, 1
TELEPHONE:	816-287-1010+office 816-660-8351 + CC11	ZONING DISTRICT: (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) New Space - N/A		
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. New Space - N/A		
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. APPROVED BY:		
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APPLICANT ŚI	GMATURE	DEPT. OF PLANNING & DEV.
performing an	rmits are required prior to y framing, mechanical, lumbing alterations or	CODES ADMINISTRATION
		FIRE DEPARTMENT