ZONING APPROVAL

FOR ALL BUSINESSES EXCEPT HOME OCCUPATIONS

	1-12-14	
DATE:	Cladina dia C dalla	10
APPLICANT:	Shannon Edgmo	V 1
BUSINESS NAME:	SEC SERVICES	
ADDRESS:	1005 2M RING A	and remores
TYPE OF BUSINESS:	Maste Services 1	garbage disposal
TELEPHONE:	814-525-4123	ZONING DISTRICT:
/		(To be completed by the Planning Dept.)
N	EW BUSINESS	CHANGE OF ADDRESS
CHANGE OF OWNERSHIP		
If applicable, what type of business previously occupied the space? (Include name of business if known)		
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.		
Will the business call distribute at an audit of the latest and the latest at the late		
Will the business sell, distribute, store or allow alcoholic beverages on the premises? Yes No		
AFTER THIS ZONING APPROVAL FORM HAS BEEN SIGNED, AN		
DCCUPANTIONAL/BUSINESS LICENSE APPLICATION AND FEE MAY BE ACCEPTED FOR FINAL PROCESSING IN THE FINANCE DEPARTMENT AT LEE'S SUMMIT, MISSOURI CITY		
EBLL.		
OTE: 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.		
Channon Edgmon APPROVED BY:		
01104111071	cagmin	APPROVED BY:
APPLICANT SIG	GNATURE	DEPT. OF PLANNING & DEV.
		o LANNING & DEV.
☐ If checked, per	mits are required prior to	
performing any	framing, mechanical.	CODES ADMINISTRATION
additions.	ımbing alterations or	
		FIRE DEPARTMENT