Business Address

ZONING APPROVÁL

FOR ALL BUSINESSES EXCEPT HOME OCCUPATIONS

DATE:	1/23/2024	
APPLICANT:	Abby Jewell	
BUSINESS NAME:	Jewell Orthod	ontics
ADDRESS:	2070 NW Lowen.	stein Dr., Suite C. Lee's Sc
TYPE OF BUSINESS:	Orthodontics o	ffice (LLC) Mo,
TELEPHONE:	816-287-1010+office 816-660-8351+cc11	ZONING DISTRICT: PMIX - Planned Mixed Use (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.		
alla Jewell APPROVED BY:		
APPLICANT Ś	GNATURE	DEPT. OF PLANNING & DEV.
performing an electrical or p	rmits are required prior to by framing, mechanical, lumbing alterations or RCOM20234540	CODES ADMINISTRATION NA FIRE DEPARTMENT