ddress

ZONING APPROVAL

FOR ALL BUSINESSES EXCEPT HOME OCCUPATIONS

DATE:	2/2/2024	OOI ATIONO
APPLICANT:	SOEL S. SMITH	
BUSINESS NAME:		tion Company Inc.
ADDRESS:	121 121	renkne Ave
TYPE OF BUSINESS: Construction Manager/GRUERA C Committee		
TELEPHONE:	913-342-1150	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. PLOM 20240136		
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 SIG	ACUS BNATURE	DEPT. OF PLANNING & DEV.
☐ If checked, permits are required prior to performing any framing, mechanical, electrical or plumbing alterations or additions.		CODES ADMINISTRATION
		FIRE DEPARTMENT
1		