Susiness Address denintetrative Head

ZONING APPROVAL

FOR ALL BUSINESSES EXCEPT HOME OCCUPATIONS

DATE:		
APPLICANT:		
BUSINESS NAME:		
ADDRESS:		
TYPE OF BUSINESS:		
TELEPHONE:		ZONING DISTRICT: PI (To be completed by the Planning Dept.)
NI	EW BUSINESS	CHANGE OF ADDRESS
C	HANGE OF OWNERSHIP	
If applicable, what type o	of business previously occupied th	e space? (Include name of business if known)
		y building structural, mechanical, plumbing or ase describe the nature of the alterations or
OCCUPANTIONAL/B	USINESS LICENSE APPLICA	RM HAS BEEN SIGNED, AN ATION AND FEE MAY BE ACCEPTED ARTMENT AT LEE'S SUMMIT, MISSOURI
and issuance of a temp	orary permit to operate if the bus	oplication for an occupational/business license iness location is within the limits of the City of within the city do not require this form.
		APPROVED BY:
APPLICANT SIG	SNATURE	DEPT. OF PLANNING & DEV.
performing an	rmits are required prior to y framing, mechanical, umbing alterations or	CODES ADMINISTRATION
auditions.		FIRE DEPARTMENT