

ZONING APPROVAL
FOR ALL BUSINESSES
EXCEPT HOME OCCUPATIONS

DATE:

3/13/24

APPLICANT:

Katie Davis

BUSINESS NAME:

LIV Aesthetics and Wellness

ADDRESS:

610 SW 3rd Street, suite I, Lees Summit MO 64063

TYPE OF BUSINESS:

Medical Spa

TELEPHONE:

(816) 479-8125

ZONING DISTRICT: _____

(To be completed by the Planning Dept.)

X

NEW BUSINESS

CHANGE OF ADDRESS

CHANGE OF OWNERSHIP

If applicable, what type of business previously occupied the space? (Include name of business if known)

unknown

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.

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.

Katie Davis

APPLICANT SIGNATURE

APPROVED BY:

DEPT. OF PLANNING & DEV.

CODES ADMINISTRATION

FIRE DEPARTMENT

☐ If checked, permits are required prior to performing any framing, mechanical, electrical or plumbing alterations or additions.

Business Address
(Administrative Use)