

ZONING APPROVAL
FOR ALL BUSINESSES
EXCEPT HOME OCCUPATIONS

DATE: 4/4/24
APPLICANT: Shannon Harris
BUSINESS NAME: Security 1st Title, LLC
ADDRESS: 222 SW Main St; Lee's Summit, KS 64063
TYPE OF BUSINESS: Escrow Services + title Ins
TELEPHONE: 316-609-2948 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)

Kansas City Title - title insurance + Escrow

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.

None

Will the business sell, distribute, store or allow alcoholic beverages on the premises? Yes _____ No _____

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, MO.

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.

Shannon L Harris
APPLICANT SIGNATURE

APPROVED BY:

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

Business
Address
Administrative