

**ZONING APPROVAL
FOR ALL BUSINESSES
EXCEPT HOME OCCUPATIONS**

DATE: _____

APPLICANT: _____

BUSINESS NAME: _____

ADDRESS: _____

TYPE OF BUSINESS: _____

TELEPHONE: _____

ZONING DISTRICT: **CP-2**

(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)

None 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.

No.

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

**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
ILL.**

(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.)

[Signature]
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

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FIRE DEPARTMENT