ZONING APPROVAL
FOR ALL BUSINESSES
EXCEPT HOME OCCUPATIONS

DATE: 5/17/24

APPLICANT: Judah Schrotenboer

BUSINESS NAME: Sonrise Masonry, Inc.

ADDRESS: 1300 SW Market St, Lee's Summit, MO 64081

TYPE OF BUSINESS: Masonry Contractor

TELEPHONE: (816) 237-5095 **ZONING DISTRICT:** _____
(To be completed by the Planning Dept.)

_____ NEW BUSINESS X CHANGE OF ADDRESS

_____ CHANGE OF OWNERSHIP

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

Empire Auto Glass LLC

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.

Business Address (Administrative Use)

Judah Schrotenboer
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.**

LEE'S SUMMIT
MISSOURI

Expiration date: 02/28/2024

Business License Renewal

220 SE Green Street
Lee's Summit, MO 64063
Phone 816.969.1220 / Fax 816.969.1221 / www.cityofls.net

Sonrise Masonry Inc.
Licensing
1302 SW Market St.
Lee's Summit, MO 64081

PLEASE NOTIFY US IF YOU DISCONTINUE YOUR BUSINESS.

Please Update your Information. If there are changes to the information provided, please draw a line through and correct.

1300 SW Market St, Lee's Summit, MO 64081

Physical Business Address: ~~1302 SW MARKET ST~~ LEES SUMMIT, MO 64081
Business E-Mail Address:: Sonrisemasonry@gmail.com
Legal Name of Business: (if different than DBA):Sonrise Masonry Inc.
Type of Organization: Construction
Please provide your NAIC Code:

Renew on-line communications email address: **Accounting@sonrisemasonry.com**
(If you would like to renew on-line, you must provide an email above. This email address could be different than the Business Email Address. This email address is the person that is responsible for Business Licenses/Renewals at your place of business)
****IMPORTANT!** If you would like to **RENEW** your Business License online, please visit https://devservices.cityofls.net/renew-business-license.html for instructions.

Business Phone Numbers :

Primary	Cell	Fax
8162375095	**(816) 237-5095**	

Contact Information :

Primary	Secondary	Emergency
Jerry David Rabuck, Address:7109 Harecliff Dr., Phone:(816) 590-0939	JUDAH SCHROTENBOER, Address:1302 SW MARKET ST, Phone:(816) 237-5095	Jerry David Rabuck, Address:7109 Harecliff Dr., Phone:(816) 590-0939

(Continued on back page)

Please provide a general description or scope of work for your business:

Masonry Contractor

For businesses physically located in Lee's Summit this section MUST be completed

Has your Physical Address changed over the last year? Y or N (If yes complete Zoning Approval Form)
Is business located in a Lee's Summit **Commercial area or Residential?** (circle)
Do you have an intrusion alarm? **Y or N** (circle)
Total Building Square Footage - **1,200 (1300 SW Market St.)**

Employee Headcount for this location:
Full Time: ~~6~~ **16**
Part Time:
Temporary:

IF PHYSICAL ADDRESS HAS CHANGED WITHIN LEE'S SUMMIT, PLEASE SUBMIT A NEW ZONING FORM. Zoning forms located on website at www.cityofls.net.

CONTRACTOR LICENSING INFORMATION *****Contractors – please complete this section*****

Please select type of contractor license requested - $25.00 annual contractor license fee for each Class

- [X] **Class A – General Contractor:** construct, remodel, demolish, repair any structure
- [ ] **Class B – Building Contractor:** construct, remodel, demolish, repair all structures not exceeding 3 stories in height
- [ ] **Class C – Residential Contractor:** construct, remodel, demolish, repair any single family, duplex or townhouse structure
- [ ] **Class D – Mechanical Contractor:** perform mechanical (HVAC) services
- [ ] **Class D – Electrical Contractor:** perform electrical services
- [ ] **Class D – Plumbing Contractor:** perform plumbing services

Please provide name of licensed representative (master) to be licensed: **Jerry Rabuck** Phone #: ( ) **(816) 237-5095**
Email: **jd@sonrisemasonry.com** Cell #: ( ) **(816) 590-0939**

- [X] **If renewal – provide 8 hours of CEU** (please provide documentation of completion) **or include optional in lieu of CEU fee of $100.00 per license classification**

FEE CALCULATION (please check those that apply):

- [x] **$50 Business License Fee (base fee)**
- [ ] **$25 Contractor License Fee ($25 for each license classification ie: Mechanical & Plumbing = $50)**
- [X] **$100 Contractor fee in lieu of completion of 8 hours of annual continuing education (CEU) for each license classification**

_____ **Penalty for delinquent license is 5% per month not to exceed 25% (is delinquent 60 days after expiration)**

_____ **Total fee**

I declare under penalty of perjury that to the best of my knowledge and belief the statements made herein are true and correct.

X _____ X **Chief Operating Officer** 5/17/24
Signature of Owner(s) or Corporation Agent/Owner **Title** **Date**

The filing of this application or the granting of a business license neither confirms nor approves the use of land as regulated under the provisions of the zoning code, and is further subject to all applicable federal, state and local laws and regulations which apply to specific occupations and businesses. Payment by Check – **make check payable to City of Lee's Summit.**

FOR OFFICE USE ONLY
License Effective from ____/____/__ to ____/____/_____ Fee Remitted $____ License # _____