

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

DATE: 6/7/2024

APPLICANT: _____

BUSINESS NAME: Raintree Family Dental Care

ADDRESS: 3501 SW Market St, Lee's Summit, Missouri, 64082

TYPE OF BUSINESS: Dental Office

TELEPHONE: 816-623-3563

ZONING DISTRICT: _____

(To be completed by the Planning Dept.)



Location opened last year and was licensed, accidentally closed license last august

LC62143541

NEW BUSINESS

CHANGE OF ADDRESS

CHANGE OF OWNERSHIP

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

Location opened last year and was licensed, accidentally closed license last august

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.

Location opened last year and was licensed, accidentally closed license last august

Business Address
(Administrative Use)

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.

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