

ZONING APPROVAL
FOR ALL BUSINESSES
EXCEPT HOME OCCUPATIONS

DATE: 7/25/23
APPLICANT: Melissa Borchers
BUSINESS NAME: Focus Respiratory
ADDRESS: 40 NE Sycamore St, Lees Summit, MO 64086
TYPE OF BUSINESS: Medical Equipment Company
TELEPHONE: 913-888-0477 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)
I believe it was a title company, _____

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. Only paint and carpet are being updated.

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.

APPROVED BY:

Melissa Borchers
APPLICANT SIGNATURE

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 Use)