ZONING APPROVAL FOR ALL BUSINESSES EXCEPT HOME OCCUPATIONS

DATE:		
APPLICANT:		
BUSINESS NAME:		
ADDRESS:		
TYPE OF BUSINESS:		
TELEPHONE:		ZONING DISTRICT: (To be completed by the Planning Dept.)
NE	W BUSINESS	CHANGE OF ADDRESS
СН	ANGE OF OWNERSHIP	
If applicable, what type of	business previously occupied the	e space? (Include name of business if known)
		building structural, mechanical, plumbing or se describe the nature of the alterations or
OCCUPANTIONAL/BL	ISINESS LICENSE APPLICA	RM HAS BEEN SIGNED, AN ATION AND FEE MAY BE ACCEPTED RTMENT AT LEE'S SUMMIT, MISSOURI
and issuance of a tempo	rary permit to operate if the busi	plication for an occupational/business license ness location is within the limits of the City of vithin the city do not require this form.
/ lu		APPROVED BY:
APPLICANT SIG	NATURE	DEPT. OF PLANNING & DEV.
performing any	nits are required prior to framing, mechanical, mbing alterations or	CODES ADMINISTRATION

Business Address (Adm<u>inistrative Use)</u>

FIRE DEPARTMENT