Business Address (Administrative Use

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.)
NEW BUSINESS		CHANGE OF ADDRESS
CH	ANGE OF OWNERSHIP	
If applicable, what type of	business previously occupied th	e space? (Include name of business if known)
		y building structural, mechanical, plumbing or ase describe the nature of the alterations or
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:
Rebecca S	imid	
APPLICANT SIG		DEPT. OF PLANNING & DEV.
performing any	nits are required prior to framing, mechanical, mbing alterations or	CODES ADMINISTRATION
		FIRE DEPARTMENT