ZONING APPROVAL

FOR ALL BUSINESSES

EX	CEP	TH	OME	OCC	UPA	TIONS
----	-----	----	-----	-----	-----	-------

DATE:	10/14/24	_		
APPLICANT:	Brad Andrews			
BUSINESS NAME:	EmpowerMe Wellness			
ADDRESS:	1701 Southeast Oldham Parkway, #Rehab, Lee's Summit, Missouri 64081-2933			
TYPE OF BUSINESS:	Outpatient physical, occupational, and/or speech therapy service for senior living residents.			
TELEPHONE:	(727)308-9848	ZONING DISTRICT:		
		(To be completed by the Planning Dept.)		
N	NEW BUSINESS	CHANGE OF ADDRESS		
(CHANGE OF OWNERSHIP			
If applicable, what type	of business previously occupie	d the space? (Include name of business if known)		

NA

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.

NA

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:

APPLICANT SIGNATURE

 If checked, permits are required prior to performing any framing, mechanical, electrical or plumbing alterations or additions.

CODES ADMINISTRATION

DEPT. OF PLANNING & DEV.

FIRE DEPARTMENT