Business Address (Administrative Us.

ZONING APPROVAL

FOR ALL BUSINESSES EXCEPT HOME OCCUPATIONS

DATE:		
APPLICANT:		
BUSINESS NAME:		
ADDRESS:		_
TYPE OF BUSINESS:		
TELEPHONE:		ZONING DISTRICT: PMIX (To be completed by the Planning Dept.)
NEW	BUSINESS	CHANGE OF ADDRESS
CHAN	IGE OF OWNERSHIP	
If applicable, what type of bu	usiness 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.		
	1	APPROVED BY:
. APPLICANT SIGNA	TURE	DEPT. OF PLANNING & DEV.
performing any fr	s are required prior to aming, mechanical, bing alterations or	CODES ADMINISTRATION
additions.		FIRE DEPARTMENT