ZONING APPROVAL FOR ALL BUSINESSES EXCEPT HOME OCCUPATIONS

DATE:			
APPLICANT:			
BUSINESS NAME:			
ADDRESS:			
TYPE OF BUSINESS:			
TELEPHONE:		ZONING DIST	TRICT:
NE	W BUSINESS		CHANGE OF ADDRESS
CH	IANGE OF OWNERSHIP		
If applicable, what type o	f business previously occu	upied the space? (Inclu	ude name of business if known)
			ctural, mechanical, plumbing or he nature of the alterations or
OCCUPANTIONAL/BU		PPLICATION AND	BEEN SIGNED, AN FEE MAY BE ACCEPTED LEE'S SUMMIT, MISSOURI
and issuance of a tempo		the business location i	n occupational/business license is within the limits of the City of lo not require this form.

Tithe

APPLICANT SIGNATURE

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

APPROVED BY:

DEPT. OF PLANNING & DEV.

CODES ADMINISTRATION

FIRE DEPARTMENT