

ZONING APPROVAL
FOR ALL BUSINESSES
EXCEPT HOME OCCUPATIONS

DATE: _____

APPLICANT: Curana Health of Missouri-Kansas, LLC

BUSINESS NAME: Curana Health of Missouri-Kansas, LLC

ADDRESS: 1001 NW Chipman Rd, Lee's Summit, MO 64081 Suite 103

TYPE OF BUSINESS: Professional Medical Services

TELEPHONE: (877) 279 - 5960 ZONING DISTRICT: _____
(To be completed by the Planning Dept.)

x _____ NEW BUSINESS _____ CHANGE OF ADDRESS
_____ CHANGE OF OWNERSHIP

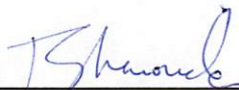
If applicable, what type of business previously occupied the space? (Include name of business if known)

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.

Business Address
(Administrative Use)

**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.



APPLICANT SIGNATURE

APPROVED BY:

DEPT. OF PLANNING & DEV.

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

CODES ADMINISTRATION

FIRE DEPARTMENT