ZONING APPROVAL FOR ALL BUSINESSES EXCEPT HOME OCCUPATIONS

DATE:			
APPLICANT:			
BUSINESS NAME:			
ADDRESS:			
TYPE OF BUSINESS:			
TELEPHONE:		ZONING DIST	TRICT: o be completed by the Planning Dept.)
I	NEW BUSINESS		CHANGE OF ADDRESS
	CHANGE OF OWNERSHIF	D	
If applicable, what type	of business previously occ	cupied the space? (Inclu	ide name of business if known)
			ctural, mechanical, plumbing or he nature of the alterations or
OCCUPANTIONAL/	BUSINESS LICENSE A		BEEN SIGNED, AN FEE MAY BE ACCEPTED LEE'S SUMMIT, MISSOURI
and issuance of a tem		the business location i	n occupational/business license s within the limits of the City of o not require this form.
R	APPROVED BY:		

DEPT. OF PLANNING & DEV.

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

PPLICANT SIGNATURE

Business Address (Administrative Use)

CODES ADMINISTRATION

FIRE DEPARTMENT