Business Address (Administrative Use

ZONING APPROVAL

FOR ALL BUSINESSES EXCEPT HOME OCCUPATIONS

DATE:		
APPLICANT:		
BUSINESS NAME:		
ADDRESS:		
TYPE OF BUSINESS:		
TELEPHONE:		ZONING DISTRICT: CP-1 (To be completed by the Planning Dept.)
NEW BUS	INESS	CHANGE OF ADDRESS
CHANGE	OF OWNERSHIP	
If applicable, what type of busine	ss previously occupied th	e 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.		
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 SIGNATUR	RE	DEPT. OF PLANNING & DEV.
☐ If checked, permits ar performing any framing electrical or plumbing additions.	ng, mechanical,	CODES ADMINISTRATION
		FIRE DEPARTMENT