## Business Address (Administrative Us.

## **ZONING APPROVAL**

## FOR ALL BUSINESSES EXCEPT HOME OCCUPATIONS

DATE:	_	
APPLICANT:		
BUSINESS NAME:		
ADDRESS:		_
TYPE OF BUSINESS:		
TELEPHONE:		ZONING DISTRICT: (To be completed by the Planning Dept.)
NEW BU	ISINESS	CHANGE OF ADDRESS
CHANGI	E OF OWNERSHIP	
If applicable, what type of busin	ness 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.		
Lee's Summit. New businesse	s with no physical location (	
AQ Chinn		APPROVED BY:
APPLICANT SIGNATU	JRE	DEPT. OF PLANNING & DEV.
☐ If checked, permits a performing any fram electrical or plumbir additions.	ing, mechanical,	CODES ADMINISTRATION
		FIRE DEPARTMENT