



# LEE'S SUMMIT MISSOURI

## DEMOLITION PERMIT APPLICATION

|   |   |   |                     |   |  |  |
|---|---|---|---------------------|---|--|--|
| TYPE  | Commercial  | <input type="checkbox"/>  | Residential         | <input type="checkbox"/>                      | Other  | <input type="checkbox"/>               |
|   | Commercial Partial  | <input checked="" type="checkbox"/>                                 | Residential Partial | <input type="checkbox"/>                      |  |  |
| DESCRIPTION OF WORK<br>(attach additional pages if necessary) | The intent of the scope contained within the stamped demo drawing relates to the demo of interior buildouts of a mercantile space contained within an existing shopping center. Proposed demo work includes the removal of previous tenant construction and of non-load-bearing partitions, fixtures, finishes, lighting, mechanical, electrical, and plumbing. |   |                     |   |  |  |
| PROJECT INFORMATION   | Most recent use of the structure:   | MERCANTILE  |                     | Plans being submitted:                        | Yes <input checked="" type="checkbox"/>                                      | No <input type="checkbox"/>            |
|   | Square feet of the structure/area being demolished:   | 5510  |                     | Private disposal system being removed:        | Yes <input type="checkbox"/>   | No <input checked="" type="checkbox"/> |
|   | Number of living units being demolished:  | 0   |                     | Underground fuel storage tanks being removed: | Yes <input type="checkbox"/>   | No <input checked="" type="checkbox"/> |
|   | Number of stories:  | 1   |                     | Estimated cost of demolition:                 | \$18,000   |  |
|   | Will a crane be utilized in the demolition work:  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |                     |   |  |  |
| PROJECT LOCATION AND OWNER                                    | Project Address:  | 1744 NW CHIPMAN RD, LEES SUMMIT MO 64081                            |                     |   |  |  |
|   | Name:   | RAINIER SUMMIT WOODS ACQUISITIONS LLC                               |                     | Phone #:                                      | N/A  |  |
|   | Address:  | 1700 NW CHIPMAN RD, LEES SUMMIT, MO 64081                           |                     | Email:  | <a href="mailto:JGALICA@RAINERCOMPANIES.COM">JGALICA@RAINERCOMPANIES.COM</a> |  |
| APPLICANT<br>(if different)                                   | Business Name:  | RGLA SOLUTIONS  |                     | Phone #:                                      | 847.916.2714   |  |
|   | Contact Name:   | SANDI LEAMON  |                     | Email:  | <a href="mailto:SLEAMON@RGLA.COM">SLEAMON@RGLA.COM</a>                       |  |
|   | Address:  | 5100 RIVER RD. , SUITE 125  |                     | State:  | ILLINOIS   |  |
|   | City:   | SCHILLER PARK   |                     | Zip Code:                                     | 60176  |  |
| CONTRACTOR<br>(if different)                                  | Business Name:  | COMMERCIAL CONTRACTORS, INC   |                     | Phone #:                                      | 616.403.9191   |  |
|   | Contact Name:   | PAUL KILDAY   |                     | Email:  | <a href="mailto:PAUL.KILDAY@TEAMCCI.NET">PAUL.KILDAY@TEAMCCI.NET</a>         |  |
|   | Address:  | 16745 COMSTOCK ST.  |                     | State:  | MISSOURI   |  |
|   | City:   | GRAND HAVEN   |                     | Zip Code:                                     | 49417  |  |
| UTILITY DISCONNECTS<br>(required for full demolition)         | Spire Gas Approval:   | Call 1-314-621-6960 for information.                                |                     | Received by City Staff                        | <input type="checkbox"/>   |  |
|   | Evergy Elec. Approval:  | Call 1-888-471-5275 for information.                                |                     | Received by City Staff                        | <input type="checkbox"/>   |  |
|   | Water Approval:   | City of Lee's Summit Water Department 816-969-1900                  |                     | Received by City Staff                        | <input type="checkbox"/>   |  |
|   | Sanitary Approval:  |   |                     | Received by City Staff                        | <input type="checkbox"/>   |  |

|                            |   |
|----------------------------|---|
| <b>PERMIT REQUIREMENTS</b> | <ul style="list-style-type: none"> <li>• The demolition of structures or buildings, partial or complete, shall require a demolition permit. The removal of one-story detached accessory structures used as tool and storage sheds, playhouses, and similar uses, provided the floor area does not exceed one hundred twenty (120) square feet does not require a demolition permit.</li> <li>• When requested by the Building Official, the applicant shall provide; a structural engineers report that describes the methods of demolition including all necessary shoring; plans and information necessary to determine no hazards will be created that endanger the occupants, adjoining properties or general public.</li> <li>• Gas and electric services must be properly abandoned and approved by the appropriate utility company prior to issuance of a permit for complete removal of a structure. Appropriate documentation from the electrical and gas companies documenting proper abandonment.</li> <li>• Water and sanitary services must be abandoned by the Water Utilities Department prior to issuance of a permit for complete removal of a structure. Contact Water Utilites at 816-969-1900 for additional information.</li> <li>• A right-of-way permit and possibly a traffic control permit are required for work located in the row-of-way. Contact the Public Works Department at 816-969-1800 for more information and permit requirements and issuance.</li> <li>• Applicant shall furnish a certificate of liability insurance for personal and property damage in a minimum amount of one hundred thousand dollars (\$100,000) injury each person, three hundred thousand dollars (\$300,000) each occurrence, and fifty thousand dollars (\$50,000) property damage.</li> </ul> |
| <b>INSPECTIONS</b>         | <ul style="list-style-type: none"> <li>• Private disposal systems - The removal of private sanitary waste systems is regulated by the Department of Public Works, Jackson County Planning and Environmental Health. Please contact them at 816-881-4515 for further information.</li> <li>• Contact the City of Lee's Summit Fire Department, 816-969-1300, <b>PRIOR</b> to removal of any underground fuel storage</li> <li>• Demolition waste and the abatement of hazardous materials is regulated by the Missouri Department of Natural Resources. For information regarding demolition waste regulations contact the Hazardous Waste Program at 573-751-3176. For information regarding asbestos contact Air Pollution Control at 573-751-4817. Additional information can also be found at: <a href="http://dnr.mo.gov/env/cdwaste.htm">http://dnr.mo.gov/env/cdwaste.htm</a></li> <li>• Burning of demolition waste of any kind is not allowed in the City of Lee's Summit.</li> <li>• The applicant shall remove all rubbish and materials and fill excavations to existing grade so that the premises are left in a safe and sanitary condition and can be maintained in accordance with the Property Maintenance Code within twenty-</li> <li>• A final inspection shall be scheduled after all work required by the demolition permit has been completed</li> <li>• Permits issued for demolition work shall be valid for a maximum duration of sixty <b>(60)</b> days.</li> </ul>   |
| <b>OFFICE USE</b>          |   |

AFFIDAVIT: I hereby certify that I have the authority to make the foregoing application, and that the application, to the best of my knowledge, is complete, correct, and that the permitted demolition will conform to the regulations in the Codes adopted by the City of Lee's Summit and all applicable ordinances.

\_\_\_\_\_  
Signature of Owner or Authorized Agent

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Date of Application



Revised November 11, 2019

Commercial Contractors, Inc.  
Licensing  
16745 Comstock Street  
GRAND HAVEN, MI 49417


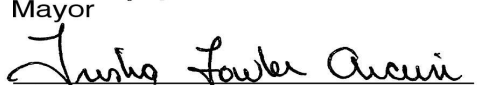


## BUSINESS LICENSE

Issuance No. LC23250443

**EXPIRES :  
05/31/2026**

License is Hereby Granted to: Commercial Contractors, Inc.

  
\_\_\_\_\_  
Mayor  
  
\_\_\_\_\_  
City Clerk

Subject to the provisions of all Ordinances now in force and  
that may hereafter be passed by said City of Lee's Summit

**THIS LICENSE MUST BE DISPLAYED IN A PROMINENT PLACE AND IS NON-TRANSFERABLE**



COMMCN-03

HMANJUNATH

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/17/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| <b>PRODUCER</b> License # 0019304-1<br>Hub International Midwest East<br>1591 Galbraith Ave SE<br>Grand Rapids, MI 49546 | <b>CONTACT NAME:</b><br><b>PHONE (A/C, No, Ext):</b> (616) 233-4111 <b>FAX (A/C, No):</b> (616) 233-4110<br><b>E-MAIL ADDRESS:</b>   |                               |        |   |       |                    |  |                    |  |                    |  |                    |  |                    |  |
|--|--|-------------------------------|--------|---|-------|--------------------|--|--------------------|--|--------------------|--|--------------------|--|--------------------|--|
| <b>INSURED</b><br><br>Commercial Contractors Inc.<br>16745 Comstock St<br>Grand Haven, MI 49417                          | <table border="1"> <tr> <th data-bbox="795 451 1380 483">INSURER(S) AFFORDING COVERAGE</th> <th data-bbox="1380 451 1529 483">NAIC #</th> </tr> <tr> <td data-bbox="795 483 1380 514"><b>INSURER A :</b> Amerisure Mutual Insurance Company</td> <td data-bbox="1380 483 1529 514">23396</td> </tr> <tr> <td data-bbox="795 514 1380 546"><b>INSURER B :</b></td> <td data-bbox="1380 514 1529 546"></td> </tr> <tr> <td data-bbox="795 546 1380 577"><b>INSURER C :</b></td> <td data-bbox="1380 546 1529 577"></td> </tr> <tr> <td data-bbox="795 577 1380 609"><b>INSURER D :</b></td> <td data-bbox="1380 577 1529 609"></td> </tr> <tr> <td data-bbox="795 609 1380 640"><b>INSURER E :</b></td> <td data-bbox="1380 609 1529 640"></td> </tr> <tr> <td data-bbox="795 640 1380 659"><b>INSURER F :</b></td> <td data-bbox="1380 640 1529 659"></td> </tr> </table> | INSURER(S) AFFORDING COVERAGE | NAIC # | <b>INSURER A :</b> Amerisure Mutual Insurance Company | 23396 | <b>INSURER B :</b> |  | <b>INSURER C :</b> |  | <b>INSURER D :</b> |  | <b>INSURER E :</b> |  | <b>INSURER F :</b> |  |
| INSURER(S) AFFORDING COVERAGE  | NAIC #   |                               |        |   |       |                    |  |                    |  |                    |  |                    |  |                    |  |
| <b>INSURER A :</b> Amerisure Mutual Insurance Company  | 23396  |                               |        |   |       |                    |  |                    |  |                    |  |                    |  |                    |  |
| <b>INSURER B :</b>   |  |                               |        |   |       |                    |  |                    |  |                    |  |                    |  |                    |  |
| <b>INSURER C :</b>   |  |                               |        |   |       |                    |  |                    |  |                    |  |                    |  |                    |  |
| <b>INSURER D :</b>   |  |                               |        |   |       |                    |  |                    |  |                    |  |                    |  |                    |  |
| <b>INSURER E :</b>   |  |                               |        |   |       |                    |  |                    |  |                    |  |                    |  |                    |  |
| <b>INSURER F :</b>   |  |                               |        |   |       |                    |  |                    |  |                    |  |                    |  |                    |  |

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

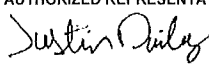
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR  | TYPE OF INSURANCE   | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |   |                                |   |                    |                              |           |                                |              |                   |                             |                        |              |  |    |
|---|---|-----------|----------|---------------|-------------------------|-------------------------|--|---|--------------------------------|---|--------------------|------------------------------|-----------|--------------------------------|--------------|-------------------|-----------------------------|------------------------|--------------|--|----|
| A   | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC<br>OTHER:  |           |          | CPP 212223902 | 12/31/2024              | 12/31/2025              | <table border="1"> <tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 1,000,000</td></tr> <tr><td>MED EXP (Any one person)</td><td>\$ 10,000</td></tr> <tr><td>PERSONAL &amp; ADV INJURY</td><td>\$ 1,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td>\$ 2,000,000</td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td>\$ 2,000,000</td></tr> <tr><td></td><td>\$</td></tr> </table> | EACH OCCURRENCE                                 | \$ 1,000,000                   | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 1,000,000       | MED EXP (Any one person)     | \$ 10,000 | PERSONAL & ADV INJURY          | \$ 1,000,000 | GENERAL AGGREGATE | \$ 2,000,000                | PRODUCTS - COMP/OP AGG | \$ 2,000,000 |  | \$ |
| EACH OCCURRENCE                                 | \$ 1,000,000  |           |          |               |                         |                         |  |   |                                |   |                    |                              |           |                                |              |                   |                             |                        |              |  |    |
| DAMAGE TO RENTED PREMISES (Ea occurrence)       | \$ 1,000,000  |           |          |               |                         |                         |  |   |                                |   |                    |                              |           |                                |              |                   |                             |                        |              |  |    |
| MED EXP (Any one person)                        | \$ 10,000   |           |          |               |                         |                         |  |   |                                |   |                    |                              |           |                                |              |                   |                             |                        |              |  |    |
| PERSONAL & ADV INJURY                           | \$ 1,000,000  |           |          |               |                         |                         |  |   |                                |   |                    |                              |           |                                |              |                   |                             |                        |              |  |    |
| GENERAL AGGREGATE                               | \$ 2,000,000  |           |          |               |                         |                         |  |   |                                |   |                    |                              |           |                                |              |                   |                             |                        |              |  |    |
| PRODUCTS - COMP/OP AGG                          | \$ 2,000,000  |           |          |               |                         |                         |  |   |                                |   |                    |                              |           |                                |              |                   |                             |                        |              |  |    |
|   | \$  |           |          |               |                         |                         |  |   |                                |   |                    |                              |           |                                |              |                   |                             |                        |              |  |    |
| A   | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY<br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY |           |          | CA 212223802  | 12/31/2024              | 12/31/2025              | <table border="1"> <tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$ 1,000,000</td></tr> <tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr> <tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr> <tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr> <tr><td></td><td>\$</td></tr> </table>   | COMBINED SINGLE LIMIT (Ea accident)             | \$ 1,000,000                   | BODILY INJURY (Per person)                | \$                 | BODILY INJURY (Per accident) | \$        | PROPERTY DAMAGE (Per accident) | \$           |                   | \$                          |                        |              |  |    |
| COMBINED SINGLE LIMIT (Ea accident)             | \$ 1,000,000  |           |          |               |                         |                         |  |   |                                |   |                    |                              |           |                                |              |                   |                             |                        |              |  |    |
| BODILY INJURY (Per person)                      | \$  |           |          |               |                         |                         |  |   |                                |   |                    |                              |           |                                |              |                   |                             |                        |              |  |    |
| BODILY INJURY (Per accident)                    | \$  |           |          |               |                         |                         |  |   |                                |   |                    |                              |           |                                |              |                   |                             |                        |              |  |    |
| PROPERTY DAMAGE (Per accident)                  | \$  |           |          |               |                         |                         |  |   |                                |   |                    |                              |           |                                |              |                   |                             |                        |              |  |    |
|   | \$  |           |          |               |                         |                         |  |   |                                |   |                    |                              |           |                                |              |                   |                             |                        |              |  |    |
| A   | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED <input checked="" type="checkbox"/> RETENTION \$ 0  |           |          | CU 212224002  | 12/31/2024              | 12/31/2025              | <table border="1"> <tr><td>EACH OCCURRENCE</td><td>\$ 10,000,000</td></tr> <tr><td>AGGREGATE</td><td>\$ 10,000,000</td></tr> <tr><td></td><td>\$</td></tr> </table>  | EACH OCCURRENCE                                 | \$ 10,000,000                  | AGGREGATE                                 | \$ 10,000,000      |                              | \$        |                                |              |                   |                             |                        |              |  |    |
| EACH OCCURRENCE                                 | \$ 10,000,000   |           |          |               |                         |                         |  |   |                                |   |                    |                              |           |                                |              |                   |                             |                        |              |  |    |
| AGGREGATE                                       | \$ 10,000,000   |           |          |               |                         |                         |  |   |                                |   |                    |                              |           |                                |              |                   |                             |                        |              |  |    |
|   | \$  |           |          |               |                         |                         |  |   |                                |   |                    |                              |           |                                |              |                   |                             |                        |              |  |    |
| A   | <input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input checked="" type="checkbox"/> Y/N<br>If yes, describe under DESCRIPTION OF OPERATIONS below  |           | N/A      | WC 212224302  | 12/31/2024              | 12/31/2025              | <table border="1"> <tr> <td><input checked="" type="checkbox"/> PER STATUTE</td> <td><input type="checkbox"/> OTHER</td> <td></td> </tr> <tr><td>E.L. EACH ACCIDENT</td><td>\$</td><td>1,000,000</td></tr> <tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$</td><td>1,000,000</td></tr> <tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$</td><td>1,000,000</td></tr> </table>   | <input checked="" type="checkbox"/> PER STATUTE | <input type="checkbox"/> OTHER |   | E.L. EACH ACCIDENT | \$                           | 1,000,000 | E.L. DISEASE - EA EMPLOYEE     | \$           | 1,000,000         | E.L. DISEASE - POLICY LIMIT | \$                     | 1,000,000    |  |    |
| <input checked="" type="checkbox"/> PER STATUTE | <input type="checkbox"/> OTHER  |           |          |               |                         |                         |  |   |                                |   |                    |                              |           |                                |              |                   |                             |                        |              |  |    |
| E.L. EACH ACCIDENT                              | \$  | 1,000,000 |          |               |                         |                         |  |   |                                |   |                    |                              |           |                                |              |                   |                             |                        |              |  |    |
| E.L. DISEASE - EA EMPLOYEE                      | \$  | 1,000,000 |          |               |                         |                         |  |   |                                |   |                    |                              |           |                                |              |                   |                             |                        |              |  |    |
| E.L. DISEASE - POLICY LIMIT                     | \$  | 1,000,000 |          |               |                         |                         |  |   |                                |   |                    |                              |           |                                |              |                   |                             |                        |              |  |    |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 RE: Job information: Carhartt, Summit Woods Crossing, 1744 NW Chipman Rd., Lee's Summit, MO 64081.

## CERTIFICATE HOLDER

## CANCELLATION

|   |   |
|---|---|
| Carhartt Inc.<br>5750 Mercury Drive<br>Dearborn, MI 48126 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br> |
|---|---|



| DRAWING INDEX   |   |
|---|---|
| SHEET #   | SHEET NAME  |
| G-0.0   | COVER SHEET, CODE INFO, PROJECT DATA, & DIRECTORY |
| G-0.1   | SPECIFICATIONS & GENERAL NOTES                    |
| G-0.2   | DIVISION OF WORK & SYMBOL LEGEND                  |
| D-1.1   | DEMOLITION PLANS                                  |
| A-0.1   | SCHEDULES   |
| A-1.1   | CONSTRUCTION PLAN, SCHEDULES, & NOTES             |
| A-1.2   | FITTING ROOM PLAN, ELEVATIONS & DETAILS           |
| A-1.3   | TOILET ROOM PLAN, ELEVATIONS & DETAILS            |
| A-1.4   | CONSTRUCTION DETAILS                              |
| A-2.1   | REFLECTED CEILING PLAN & DETAILS                  |
| A-3.1   | EXTERIOR ELEVATION                                |
| A-4.1   | INTERIOR ELEVATIONS                               |
| A-5.1   | FINISH PLAN                                       |
| A-6.1   | LOW VOLTAGE PLAN                                  |
| F-1.1   | FIXTURE PLAN, SCHEDULE & NOTES                    |
| F-1.2   | FIXTURE DETAILS                                   |
| F-2.1   | INTERIOR SIGNAGE & GRAPHICS PLAN, & DETAILS       |
| E-001   | ELECTRICAL COVER SHEET                            |
| E-100   | ELECTRIC LIGHTING PLAN                            |
| E-101   | ELECTRIC LIGHTING - DETAILS                       |
| E-200   | ELECTRIC POWER PLAN                               |
| E-300   | ELECTRIC POWER - SINGLE LINE DIAGRAM              |
| E-301   | ELECTRIC PANEL SCHEDULES                          |
| E-400   | ENERGY COMPLIANCE                                 |
| E-500   | ELECTRICAL SPECIFICATIONS                         |
| E-501   | ELECTRICAL SPECIFICATIONS                         |
| M-001   | MECHANICAL COVER SHEET                            |
| M-101   | MECHANICAL DUCTWORK PLAN                          |
| M-401   | ENERGY COMPLIANCE                                 |
| M-402   | ENERGY COMPLIANCE                                 |
| M-501   | MECHANICAL SPECIFICATIONS                         |
| M-502   | MECHANICAL SPECIFICATIONS                         |
| M-601   | MECHANICAL DETAILS                                |
| M-602   | MECHANICAL SPECIFICATIONS                         |
| P-001   | PLUMBING COVER SHEET                              |
| P-101   | PLUMBING PLAN                                     |
| P-501   | PLUMBING SPECIFICATIONS                           |
| P-601   | PLUMBING DETAILS & SCHEDULES                      |
| S100  | GENERAL NOTES AND FRAMING PLAN                    |
| S101  | DETAILS   |
| SHEET INDEX   |   |
| FIXTURES - GRAND + BENEDICTS<br>C: MOLLY CROUSER<br>T: 503.233.6222<br>E: MOLLYC@GRAND-BENEDICTS.COM  |   |
| LIGHTING - CITY LIGHTING<br>C: TOM MISPAGE<br>T: 314.534.1090<br>E: TMISPAGE@CITYLIGHTING.COM   |   |
| LOCKS / SAFE - REDFORD LOCK SECURITY SOLUTIONS<br>C: DAVID BOILORE<br>T: 313.401.7004<br>E: DBOILORE@REDLORDLOCK.COM  |   |
| SIGNAGE - VICTORY SIGN INDUSTRIES<br>C: DANA REYNOLDS<br>T: 706.820.6820<br>E: DREYNOLDS@VICTORYSIGN.COM  |   |
| STOCK ROOM FIXTURES - PIPP MOBILE STORAGE SYSTEMS, INC.<br>C: KATY LOWRY<br>T: 616.988.4063<br>E: KLOWRY@PIPPMOBILE.COM   |   |
| SENSORMATIC - JOHNSON CONTROLS<br>C: MH TOTH<br>T: 269.271.8401<br>E: MH.TOTH@JCI.COM   |   |
| VENDOR CONTACTS   |   |
| LANDLORD - TENANT COORDINATOR<br>SUMMIT WOODS CROSSING<br>1700 NW CHIPMAN RD<br>LEE'S SUMMIT, MO 64081<br>C: JOSH GALICA<br>E: JGALICA@RAINIERCOMPANIES.COM   |   |
| PROGRAM MANAGER<br>RGLA SOLUTIONS, INC.<br>5100 RIVER ROAD, SUITE 125<br>SCHILLER PARK, IL 60176<br>C: SANDI LEAMON / ADRIAN TAFOLLA<br>P: 847.707.7452 / 847.916.2728<br>E: SLEAMON@RGLA.COM / ATAFOLLA@RGLA.COM |   |
| TENANT / OWNER<br>CARHARTT INC.<br>5750 MERCURY DRIVE<br>DEARBORN, MI 48126<br>C: MARK KASTNER<br>T: 313.212.7021<br>E: MKASTNER@CARHARTT.COM   |   |
| MEP ENGINEER<br>KLH ENGINEERS, PSC<br>333 EAST MAIN, SUITE 175<br>LEXINGTON, KY 40507<br>C: JORDAN LAYCOCK<br>T: 859.547.0242<br>E: JLAYCOCK@KLHENGERS.COM  |   |
| ARCHITECT<br>JOSEPH A. GEOGHEGAN JR.<br>ROBERT G. LYON & ASSOCIATES, INC.<br>5100 RIVER ROAD, SUITE 125<br>SCHILLER PARK, IL 60176<br>PLEASE CONTACT PROGRAM MANAGER FOR ALL INQUIRIES.                           |   |
| STRUCTURAL ENGINEER<br>WALLACE DESIGN COLLECTIVE, PC<br>1703 WYANDOTTE STREET, SUITE 200<br>KANSAS CITY, MO 64108<br>C: DARCEY SCHUMACHER<br>T: 816.820.0365<br>E: DARCEY.SCHUMACHER@WALLACE.DESIGN               |   |
| PROJECT DIRECTORY   |   |

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|--|
| UPON AWARDING THE GENERAL CONTRACTOR'S CONTRACT, THE GENERAL CONTRACTOR MUST INFORM THE OWNER (CARHARTT) IN WRITING OF ALL MATERIALS AND EQUIPMENT WITH LEAD TIMES OF 4 WEEKS OR GREATER |
| WORK UNDER SEPARATE PERMIT: <ul style="list-style-type: none"><li>SPRINKLER WORK</li><li>FIRE ALARM</li><li>STOREFRONT SIGNAGE</li></ul>   |
| ALL MATERIAL SUBSTITUTIONS MUST OBTAIN OWNER AND ARCHITECT'S APPROVAL PRIOR TO COMMENCEMENT  |
| GC SHALL PROVIDE CARPENTER ON-SITE FOR ONE EIGHT-HOUR DAY AFTER TURNOVER FOR MISCELLANEOUS TASKS.  |
| REQUIRED SUBCONTRACTORS:<br>VERIFY WITH MALL OPERATIONS MANAGER FOR ALL REQUIRED SUBCONTRACTORS.   |

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SUMMIT WOODS CROSSING

1744 NW CHIPMAN ROAD  
LEE'S SUMMIT, MO 64081

RGLA

rgla solutions, inc.

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Schiller Park, IL 60176  
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REVISIONS:

DATE:

ISSUE FOR PERMIT

06/18/25

REV 1 - PERMIT

07/21/25

REVISIONS

robert g. lyon + associates, inc.

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SUMMIT WOODS CROSSING

1744 NW CHIPMAN ROAD  
LEE'S SUMMIT, MO 64081

COVER SHEET, CODE INFORMATION, PROJECT DATA, & DIRECTORY

DRAWN BY

SLS

CHECKED BY

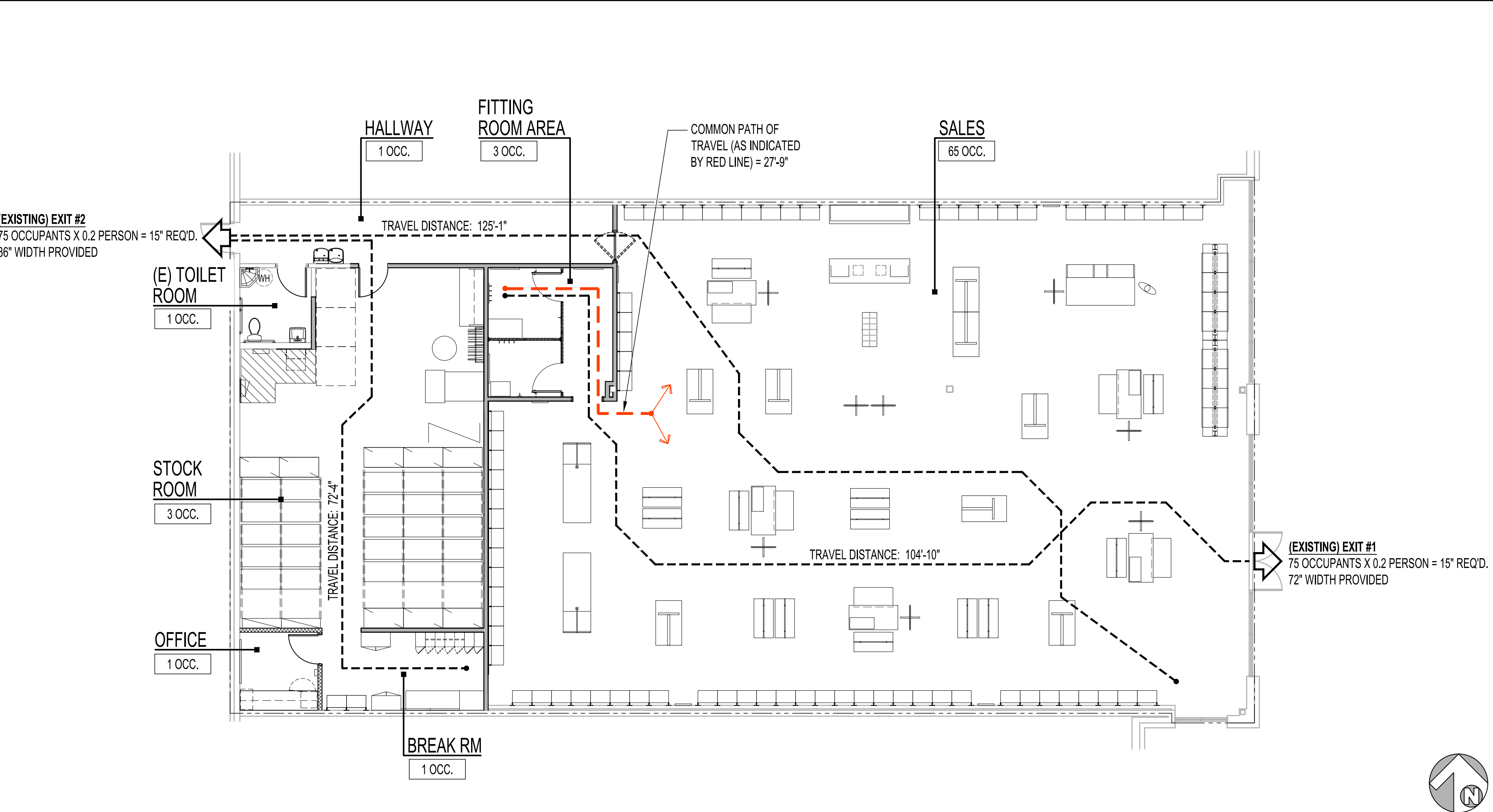
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JOB NUMBER

25303

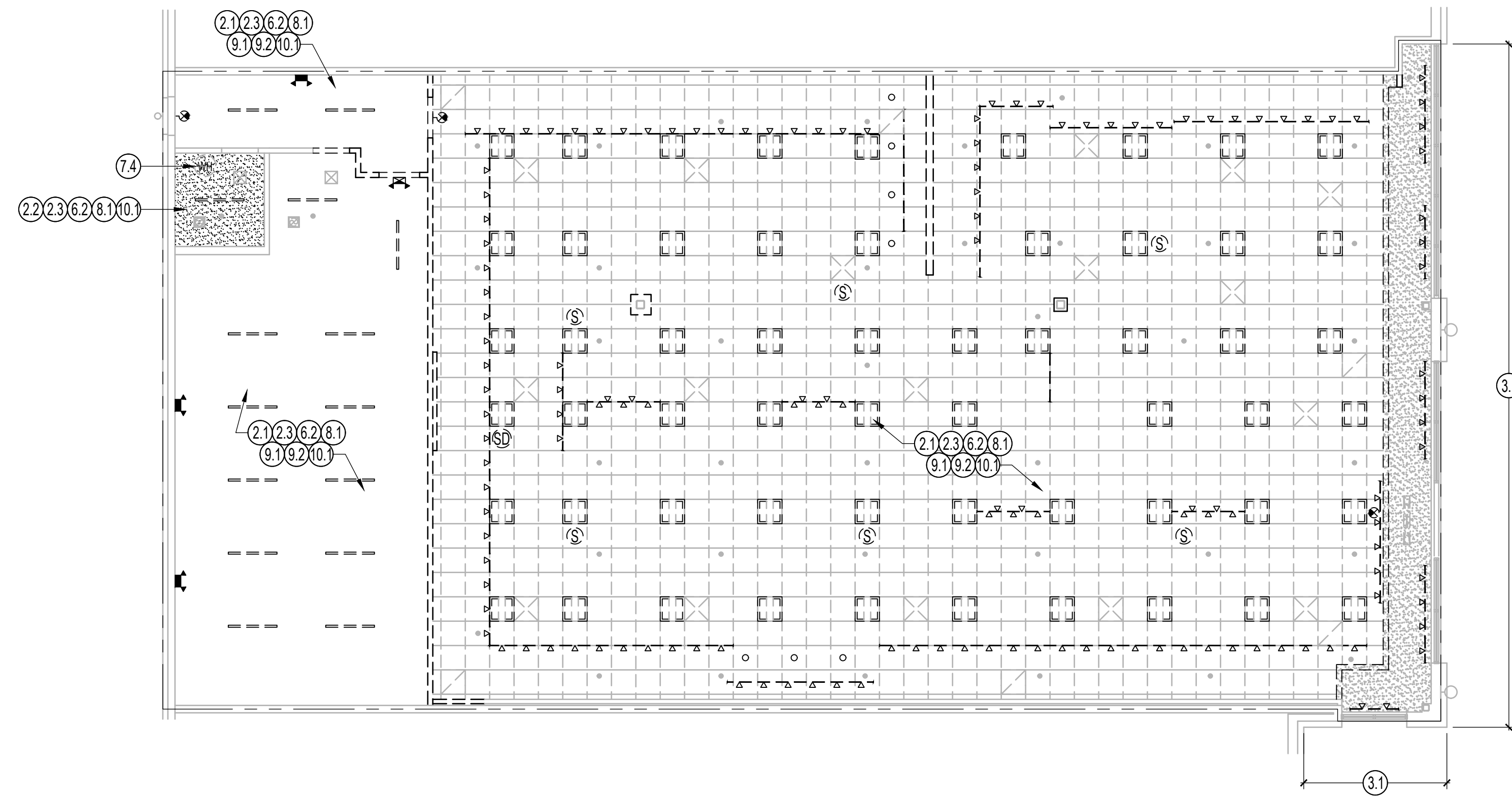
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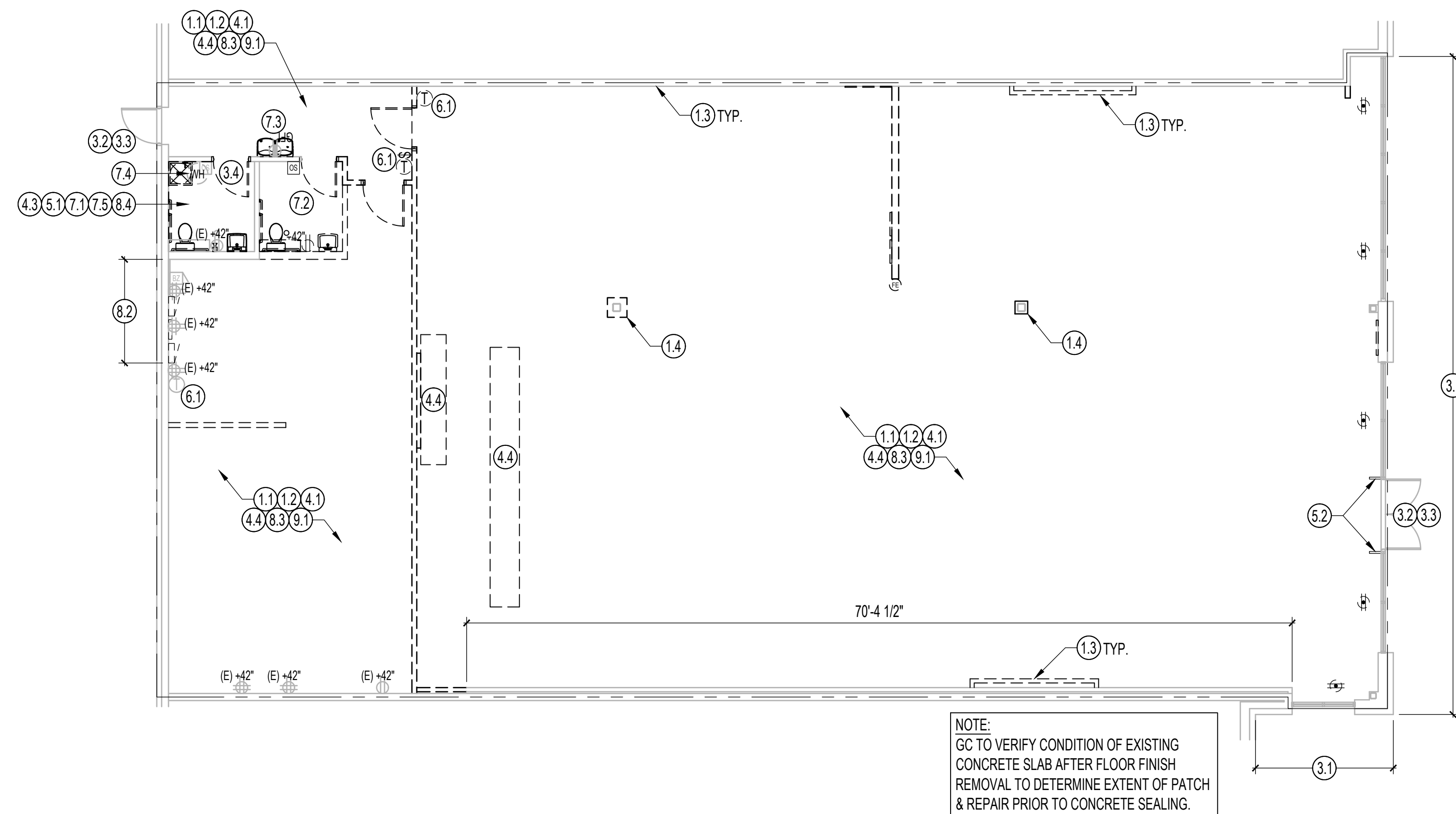
| EGRESS PLAN  |  |
|--|--|
|  |  |
| KEY PLAN   |  |
|  |  |
| VICINITY MAP   |  |
|  |  |
| CERTIFICATION STATEMENT  |  |
| STATEMENT OF COMPLIANCE<br>I HEREBY CERTIFY THAT THESE PLANS WERE PREPARED BY ME OR UNDER MY DIRECT SUPERVISION AND TO THE BEST OF MY PROFESSIONAL KNOWLEDGE THEY CONFORM TO THE CODES AND ORDINANCES OF LEE'S SUMMIT, MO. |  |
| JOSEPH A. GEOGHEGAN JR.<br>LICENSE #: A-2008008193<br>EXPIRATION DATE: 12/31/2026  |  |
| SEAL:  |  |





2 DEMOLITION CEILING PLAN

SCALE  
1/8"=1'-0"



NOTE:  
GC TO VERIFY CONDITION OF EXISTING  
CONCRETE SLAB AFTER FLOOR FINISH  
REMOVAL TO DETERMINE EXTENT OF PATCH  
& REPAIR PRIOR TO CONCRETE SEALING.

1 DEMOLITION FLOOR PLAN

SCALE  
1/8"=1'-0"

- DEMOLITION PLANS ARE FOR GENERAL SCOPE. GENERAL CONTRACTOR IS TO VERIFY ALL EXISTING CONDITION AND COORDINATE REQUIRED DEMOLITION WITH TENANT & TENANT'S ARCHITECT.
- WHEN EXISTING MECHANICAL, ELECTRICAL AND PLUMBING FIXTURES AND/OR EQUIPMENT ARE TO BE REMOVED, THEY ARE TO BE DISCONNECTED AT THE SOURCE, UNLESS NOTED OR DIRECTED OTHERWISE. COORDINATE ALL WORK WITH MECHANICAL, ELECTRICAL AND PLUMBING PLANS.
- ALL EXISTING DUCTWORK TO REMAIN UNLESS INDICATED ON MECHANICAL PLANS. ALL ABANDONED HVAC EQUIPMENT AND DUCTWORK SHALL BE REMOVED UPON DISCOVERY.
- ELECTRICAL CONTRACTOR SHALL DISCONNECT AND REMOVE ALL EXISTING ELECTRICAL, TELEPHONE OUTLETS, AND ALL ASSOCIATED WIRES IN WALLS TO BE REMOVED AND TERMINATE AT THE LAST OUTLET THAT REMAINS IN SERVICE.
- ALL EMPTY OR ABANDONED CONDUIT AND JUNCTION BOXES TO BE REMOVED.
- DEMOLITION CONTRACTOR SHALL REMOVE ALL EXISTING FLOOR COVERINGS AND/OR FINISHES, UNDERLAYMENT, GLUE AND ANY OTHER ADHESIVE; AND SHALL PATCH REPAIR CONCRETE SLAB AS REQUIRED TO ACCOMMODATE FINAL FLOOR PREP. REFER TO FINISH PLAN FOR ADDITIONAL INFORMATION.
- ALL ABANDONED UTILITIES ARE TO BE REMOVED AS DIRECTED BY LANDLORD OR AS SPECIFIED BY MALL MANAGEMENT. COORDINATE WITH MALL MANAGEMENT OR LANDLORD AS NECESSARY.
- ALL FIREPROOFING AT STRUCTURAL ELEMENTS SHALL REMAIN, UNLESS NOTED OTHERWISE. ANY FIREPROOFING REMOVED AND/OR DAMAGED DURING THE COURSE OF DEMOLITION SHALL BE REPLACED WITH THE SAME MATERIALS AND RATING AS THAT WHICH WAS REMOVED AT THE CONTRACTOR'S EXPENSE.
- LANDLORD ROOFING CONTRACTOR - IF REQUIRED - IS TO REMOVE EXISTING ROOFING INSULATION AND ROOF DECK AS REQUIRED WHERE NEW ROOF TOP EQUIPMENT IS SPECIFIED. G.C. IS TO VERIFY EXACT LOCATION AND EXTENT IN THE FIELD. REFER TO MECHANICAL DRAWINGS.
- PRIOR TO SAWCUTTING OF EXISTING SLAB, G.C. IS TO VERIFY WITH THE LANDLORD THE LOCATION OF ANY AND ALL EXISTING UTILITIES RUNNING THROUGH THE SPACE. IF IT IS DETERMINED THAT UTILITIES ARE PRESENT, BUT EXACT LOCATIONS ARE NOT KNOWN, THEN THE G.C. SHOULD XRAY THE SLAB.
- USE CARE DURING DEMOLITION SO AS NOT TO DISTURB THE REMAINING WALLS, CEILINGS, PIPING AND DUCTWORK. EXISTING DUCTWORK TO BE REVISED BY SHEET METAL CONTRACTOR. GENERAL CONTRACTOR TO PROVIDE TEMPORARY SUPPORT FOR ALL EXISTING DUCTWORK AND SPRINKLER LINES AFFECTED BY THE REMOVAL.
- TENANT RESERVES THE RIGHT TO RETAIN ITEMS AS DESIRED. THE CONTRACTOR SHALL REMOVE RETAINED ITEMS TO A STORAGE AREA AS DIRECTED BY THE TENANT OR HIS REPRESENTATIVE. ALL OTHER MATERIALS AND DEBRIS SHALL BE REMOVED FROM THE BUILDING SITE IMMEDIATELY.
- CONTRACTORS ENGAGED SHALL BE PROTECTED BY THE PROPER INSURANCE AND SHALL FILE EVIDENCE THEREOF WITH THE OWNER'S AGENT, INCLUDING HOLD HARMLESS PROTECTION FOR THE TENANT AND ARCHITECT.
- DEBRIS FROM THE DEMOLITION SHALL BE REMOVED PROMPTLY FROM THE BUILDING BY MEANS APPROVED BY THE LANDLORD.
- DO NOT REMOVE ANY UTILITIES RUNNING THROUGH THE SPACE TO ADJACENT TENANTS.

B GENERAL DEMOLITION NOTES

- FRAMING
  - REMOVE INTERIOR PARTITIONS AND INTEGRATED DOORS, FIXTURES, FINISHES AND POWER (SHOWN DASHED.) NOTIFY ARCHITECT IMMEDIATELY IF DEMOLITION EXPOSES ANY UNFORESEEN CONDITIONS.
  - EXISTING WALLS TO REMAIN (SHOWN SOLID GREYSKALE). SEE SHEET A1.1
  - AT DEMISING WALLS IN SALES AREA, G.C. SHALL REMOVE EXISTING BUILD-OUTS WHILE MAINTAINING INTEGRITY OF RATED DEMISING WALLS. G.C. SHALL CONTACT ARCHITECT IF GYP. BD. IS MISSING ON DEMISING WALLS.
  - REMOVE BUILD-OUTS AT STRUCTURAL COLUMNS.
- CEILINGS
  - REMOVE ALL CEILINGS, SOFFITS, FINISHES & LIGHT FIXTURES THROUGHOUT, UNLESS OTHERWISE NOTED.
  - EXISTING GYP. BD. CLNG TO REMAIN, TOILET ROOM. REMOVE ALL LIGHT FIXTURES & ABANDONED EQUIPMENT. PREPARE SURFACE FOR NEW FINISH.
  - REMOVE ALL EXISTING EXIT & EMERGENCY LIGHTS.
- DOORS / GLAZING
  - EXISTING STOREFRONT SYSTEM TO REMAIN
  - EXISTING DOOR TO REMAIN. SEE A-0.1 FOR NEW HARDWARE.
  - REMOVE ALL EXISTING WEATHERSTRIPPING AND PREPARE DOOR SURFACE FOR NEW.
  - REMOVE EXISTING DOOR & FRAME. PREPARE OPENING FOR NEW. SEE SHEET A-0.1
- FIXTURES / FINISHES
  - REMOVE ALL FINISHES, WALL BASE & TRIM THROUGHOUT INTERIOR (TYP. U.N.O). G.C. SHALL ENSURE INTEGRITY OF EXISTING GYP. BD. BENEATH. NOTIFY ARCHITECT IMMEDIATELY IF DEMOLITION EXPOSES ANY UNFORESEEN CONDITIONS.
  - REMOVE ALL FLOORING, THROUGHOUT
  - WITHIN THIS TOILET ROOM TO REMAIN, G.C. SHALL REMOVE ALL FINISHES.
  - REMOVE FIXTURES THROUGHOUT SALES.
- EQUIPMENT
  - ALL TOILET ROOM ACCESSORIES TO BE REMOVED UNLESS OTHERWISE NOTED.
  - REMOVE EXISTING SECURITY SYSTEM
- MECHANICAL
  - REMOVE / RELOCATE THERMOSTAT / TEMPERATURE SENSOR - SEE MECHANICAL SHEETS
  - EXISTING MECHANICAL SYSTEM SHALL BE MODIFIED AS REQUIRED TO ACCOMMODATE NEW CEILING CONDITIONS. REMOVE ALL HVAC COMPONENTS NOT BEING RE-USED. (SEE MECHANICAL PLANS).
- PLUMBING
  - THIS TOILET ROOM ONLY - EXISTING TOILET, SINK & MOP SINK TO BE REMOVED. ASSOCIATED PLUMBING TO REMAIN AND RE-USED WITH NEW FIXTURES.
  - THIS TOILET ROOM ONLY - EXISTING TOILET, SINK, FLOOR DRAIN, MOP SINK AND ALL ASSOCIATED PLUMBING TO BE REMOVED COMPLETELY.
  - EXISTING DRINKING FOUNTAIN TO BE REMOVED. EXISTING WATER LINES / ELECTRICAL TO BE RE-USED IF FEASIBLE FOR NEW WATER HEATER. SEE PLUMBING DRAWINGS.
  - EXISTING WATER HEATER TO BE REMOVED. EXISTING WATER LINES / ELECTRICAL TO BE RE-USED IF FEASIBLE FOR NEW WATER HEATER. SEE PLUMBING DRAWINGS.
  - EXISTING FLOOR DRAIN TO REMAIN.
- ELECTRICAL
  - REMOVE ALL LIGHTING THROUGHOUT. SEE SHEET A2.1
  - EXISTING ELECTRICAL PANELS TO BE REMOVED. SEE ELECTRICAL SHEETS
  - REMOVE EXISTING OUTLETS THROUGHOUT, INCLUDING ALL FLOOR OUTLETS UNLESS OTHERWISE NOTED. REMOVE WIRE TO SOURCE.
  - EXISTING OUTLETS / OCCUPANCY SENSOR TO REMAIN THIS ROOM
- LOW VOLTAGE COMMUNICATION SYSTEM
  - ALL EXISTING ELECTRIC, VOICE AND DATA COMPONENTS ARE TO BE REMOVED, UNLESS NOTED OTHERWISE. SEE ELECTRICAL SHEETS. DO NOT REMOVE UTILITY PROVIDER DEVICES OR CABLEING ON THE PRIMARY SIDE OF UTILITY PROVIDER DEVICES.
  - REMOVE EXISTING SPEAKERS, CAMERAS AND SECURITY DEVICES THROUGHOUT
- FIRE SUPPRESSION / SPRINKLER SYSTEM
  - EXISTING SPRINKLER / HEAD LOCATION TO REMAIN IN PROPOSED 'OPEN TO DECK' & EXISTING GYP. CEILING AREAS. INSPECT AND ENSURE PROPER WORKING ORDER (TYP.) C. SHALL PROTECT DURING CONSTRUCTION.

A KEY NOTES

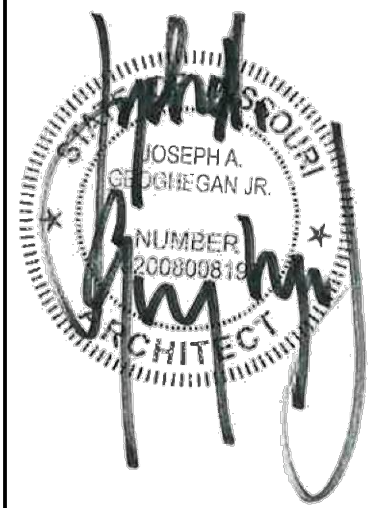
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| REVISIONS:                           | DATE:    |
|--------------------------------------|----------|
| ISSUE FOR PERMIT<br>LANDLORD PRICING | 06/18/25 |
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CROSSING

1744 NW CHIPMAN ROAD  
LEE'S SUMMIT, MO 64081

DEMOLITION PLANS

|            |       |
|------------|-------|
| DRAWN BY   | SLS   |
| CHECKED BY | SL    |
| JOB NUMBER | 25303 |
| SHEET NAME | D1.1  |