



# LEE'S SUMMIT, MISSOURI FIRE DEPARTMENT LOSS REDUCTION PROGRAM



## NOTIFICATIONS/CONTACT INFORMATION SECTION

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### ☐ CHANGES

BUSINESS NAME	CITY HALL RENOVATIONS		
ADDRESS	220 SE GREEN ST, LEES SUMMIT, MO 64063		
OWNER/OPERATOR NAME	CITY OF LEES SUMMIT:	TELEPHONE	<NO PRIMARY PHONE>
ADDRESS	PO BOX 1600 LEES SUMMIT, MO 64063--7600 Primary: <NO PRIMARY PHONE> Cell: <NO CELL PHONE>		

## EMERGENCY CONTACT INFORMATION

NAME	TELEPHONE
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

## LOSS REDUCTION TYPE

<input checked="" type="checkbox"/> Occupancy	<input type="checkbox"/> Semi-Annual	<input type="checkbox"/> Annual	<input type="checkbox"/> Life Safety	<input type="checkbox"/> Sprinkler	<input type="checkbox"/> Hazardous Material Permit
<input type="checkbox"/> Complaint	<input type="checkbox"/> Explosive Storage	<input type="checkbox"/> UST	<input type="checkbox"/> Post-Incident	<input type="checkbox"/> Open Burning	<input type="checkbox"/> Other
CLASS: B	Map#: 195G	PFA#:	KNOX BOX:	KNOX LOCATION:	PERMIT # PRCOM20120116

## LOSS REDUCTION NARRATIVE

### ☐ NO CORRECTIONS NOTED

### ☐ ALL CORRECTIONS COMPLETED

Last Inspection      1st Inspection 5/07/12      2nd Inspection 6/1/12      3rd Inspection      4th Inspection

INSPECTION	INSPECTOR	OUTCOME	DATE
Occupancy Inspection - Fire	Joe Dir	Passed	Friday, June 01, 2012
Alarm Test	Joe Dir	Passed	Friday, June 01, 2012
Alarm Test	Joe Dir	Partial	Monday, May 07, 2012
DATE OF REPORT	INSPECTOR	PREVENTION FOLLOW-UP REQUIRED?	RESPONSIBLE SIGNATURE
June 01, 2012	Joe Dir	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

