



Lee's Summit Demolition Permit Application

Codes Administration Department
220 SE Green St.,
PO Box 1600
Lee's Summit, MO., 64063
Phone: 816-969-1200 Fax: 816-969-1201
Revised June, 2009

For Office Use Only:
Permit #
Approval Date:
Permit \$

Applicant: Emery Sapp & Sons Inc.
Address: 140 Walnut St. KCMO 64106
Phone: 816-221-3500 Fax: 816-421-9333

Location of the project:

Street address: 3620 SW Ward Rd. Lee's Summit MO 64082
Legal description: Parcel # 69-640-39-99-01-0-00-000

Required information:

Is the building to be partially or completely demolished? Partial ☒ Complete

Use of the building: ☒ Single family residential ☐ Two family ☐ Commercial building ☐ Other

Will the water service removed? NO (Complete demolition only) * Service will be disconnected from structure but meter to be used by Community garden later date

Will the sanitary service be removed? YES (Complete demolition only)

Description of the building to be demolished:

1950's white two story farm house
Wood frame structure, with vinyl lap siding. Asphalt shingle roof

(No Asbestos Content detected per Dec. 20th, 2012 KC testing report)

Number of stories: 2 Total square footage of the building: 1800 SF

Does the applicant own the structure to be moved? ☐ Yes ☒ No

The applicant shall furnish a certificate of liability insurance for personal and property damage exempting and saving harmless the city in a minimum amount of \$100,000 injury each person, \$300,000 each occurrence, and \$50,000 property damage.

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 and correct and that the permitted construction will conform to the regulations in the Codes adopted by the City of Lee's Summit and all applicable ordinances.

[Signature]
Signature of Owner or Authorized Agent
Date

per Gale Communities, Inc.
2-25-13

Jonathan Myers PM F&ESS 2-1-13
Printed Name of Applicant



CERTIFICATE OF LIABILITY INSURANCE

4/1/2013

DATE (MM/DD/YYYY)

3/4/2013

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 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).

PRODUCER Lockton Companies, LLC-1 Kansas City
444 W. 47th Street, Suite 900
Kansas City MO 64112-1906
(816) 960-9000

CONTACT

NAME:

PHONE

(A/C, No, Ext):

FAX

(A/C, No):

E-MAIL

ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Old Republic Insurance Company

24147

INSURER B: Starr Indemnity & Liability Company

38318

INSURER C:**INSURER D:****INSURER E:****INSURER F:**

INSURED EMERY SAPP & SONS, INC.
1327113 2602 STADIUM BLVD.
COLUMBIA MO 65202

COVERAGES EMESA01**CERTIFICATE NUMBER:** 12217233**REVISION NUMBER:** XXXXXXXX

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	Y	N	A5CG97541202	4/1/2012	4/1/2013	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input checked="" type="checkbox"/> \$50,000 PD & BI DED.						MED EXP (Any one person) \$ 5,000
	<input checked="" type="checkbox"/> PRODUCTS-COMP/OP						PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$
A	AUTOMOBILE LIABILITY	Y	N	A5CA97541202	4/1/2012	4/1/2013	
	<input checked="" type="checkbox"/> ANY AUTO						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per person) \$ XXXXXXXX
	<input checked="" type="checkbox"/> HIRED AUTOS						BODILY INJURY (Per accident) \$ XXXXXXXX
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$ XXXXXXXX
	<input checked="" type="checkbox"/> NON-OWNED AUTOS						\$ XXXXXXXX
B	<input checked="" type="checkbox"/> UMBRELLA LIAB	Y	N	SISCCCL00020512	4/1/2012	4/1/2013	
	<input checked="" type="checkbox"/> EXCESS LIAB						EACH OCCURRENCE \$ 5,000,000
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						AGGREGATE \$ 5,000,000
	<input type="checkbox"/> CLAIMS-MADE						\$ XXXXXXXX
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	N	A5CW97541202	4/1/2012	4/1/2013	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input checked="" type="checkbox"/> N	N/A				<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	If yes, describe under DESCRIPTION OF OPERATIONS below						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 (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
PROJECT: 3620 SW WARD RD., LEE'S SUMMIT, MO 64082, CITY OF LEE'S SUMMIT, MO IS ADDITIONAL INSURED AS RESPECTS LIABILITY COVERAGE FOR THIS PROJECT. INSURANCE SHOWN APPLIES ONLY TO EXTENT OF WRITTEN CONTRACT AND SUBJECT TO THE TERMS AND CONDITIONS OF THE POLICY.

CERTIFICATE HOLDER**CANCELLATION**

12217233

CITY OF LEE'S SUMMIT, MO
CODES ADMINISTRATION DEPARTMENT
PO BOX 1600
LEE'S SUMMIT MO 64063

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE