



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

## NOTIFICATIONS/CONTACT INFORMATION SECTION

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☐ CHANGES								
BUSINESS NAME	LA FUENTE							
ADDRESS	1255 NE DOUGLAS ST, LEES SUMMIT, MO 64086							
OWNER/OPERATOR NAME	JIMMY MAC CO	ONSTRUCT	ΓΙΟΝ LLC:		TELEPHONE	(816) 918-7812		
ADDRESS	1260 NW MAIN LEES SUMMIT, MO 64086 Primary: (816) 918-7812 Cell: <no cell="" phone=""></no>							
EMERGENCY CONTACT INFORMATION								
NAME	TELEPHONE							
1.								
2.								
3. 4.								
LOSS REDUCTION TYPE								
☐ Occupancy ☐ Sen	ni-Annual [	☐ Annual	☐ Life Safety		Sprinkler	Hazardous Material Permit		
☐ Complaint ☐ Exp	losive Storage	JUST	☐ Post-Incident		Open Burning	Other		
	Map#: PF 175X	-A#:	KNOX BOX:	KN	OX LOCATION:	PERMIT#		
		LOSS RI	EDUCTION NARR	ATIVE				
□ NO CORRECTIONS NOTED □ ALL CORRECTIONS COMPLETED								
Last Inspection	1st Inspection	2nd	Inspection		pection	4th Inspection		
INSPECTION	INSPEC	TOR	OUTCO	ME	DATE			
Sprinkler - Hydrostatic Test  Joe Dir  Passed								
(2) on silence (3) main drair (4) obtain a K (5) post occu (6) post occu (7) provide ba (8)maintain 1	akler room door e command at the n needs to be supp (nox box and mou pant load 244 in d pant load 22 for pa ack flow test docul 8" clearance belove	ported off the state of the sta	e FDC approx 6' c	iff ground				
Alarm Test	Joe Dir	Passe	d	Monday, (	October 10, 2011			

Sprinkler - Flow Test	Joe Dir	Passed	Monday, October 10, 2011
Occupancy Inspection - Fire	Joe Dir	Temporary C of O	Tuesday, October 11, 2011
Occupancy Inspection - Fire	e Joe Dir	Passed	Wednesday, November 02, 2011
DATE OF REPORT	INSPECTOR	PREVENTION FOLLOW-UI	RESPONSIBLE SIGNATURE
June 18, 2012	Joe Dir	☐ Yes ☐ No	