

LEE'S SUMMIT MISSOURI

Planning & Codes Administration Application Form

SPECIAL EVENT: Outdoor Display Pool (no water)

☐ Athletic Event
 ☐ Mobile Food Vendor
 ☐ Event Signage
 ☒ Other

EVENT DATE: Apr 15th 2014 - July 15th 2014 EVENT TIME: 4-15 to 7-15

EVENT LOCATION/ADDRESS: 1025 S.W. Jefferson

ZONING OF PROPERTY: _____

APPLICANT The Waterhole PHONE 816-246-8946
 CONTACT PERSON Richmond Lee FAX 816-246-5136
 ADDRESS 301 Andrea Lane CITY/STATE/ZIP Heathville Mo. 64701

PROPERTY OWNER C-M Investment PHONE _____
 CONTACT PERSON Mike Curley FAX _____
 ADDRESS 1025 Jefferson CITY/STATE/ZIP Lee's Summit Mo. 64081

PROPERTY OWNER

APPLICANT

Print name: _____

VANCE Richmond Lee

Administrative Notes (do not write below this line)

RECEIVED

Approved Planning & Codes Administration

APR 14 2014

Planning & Development



Planning & Codes Administration Special Event Checklist

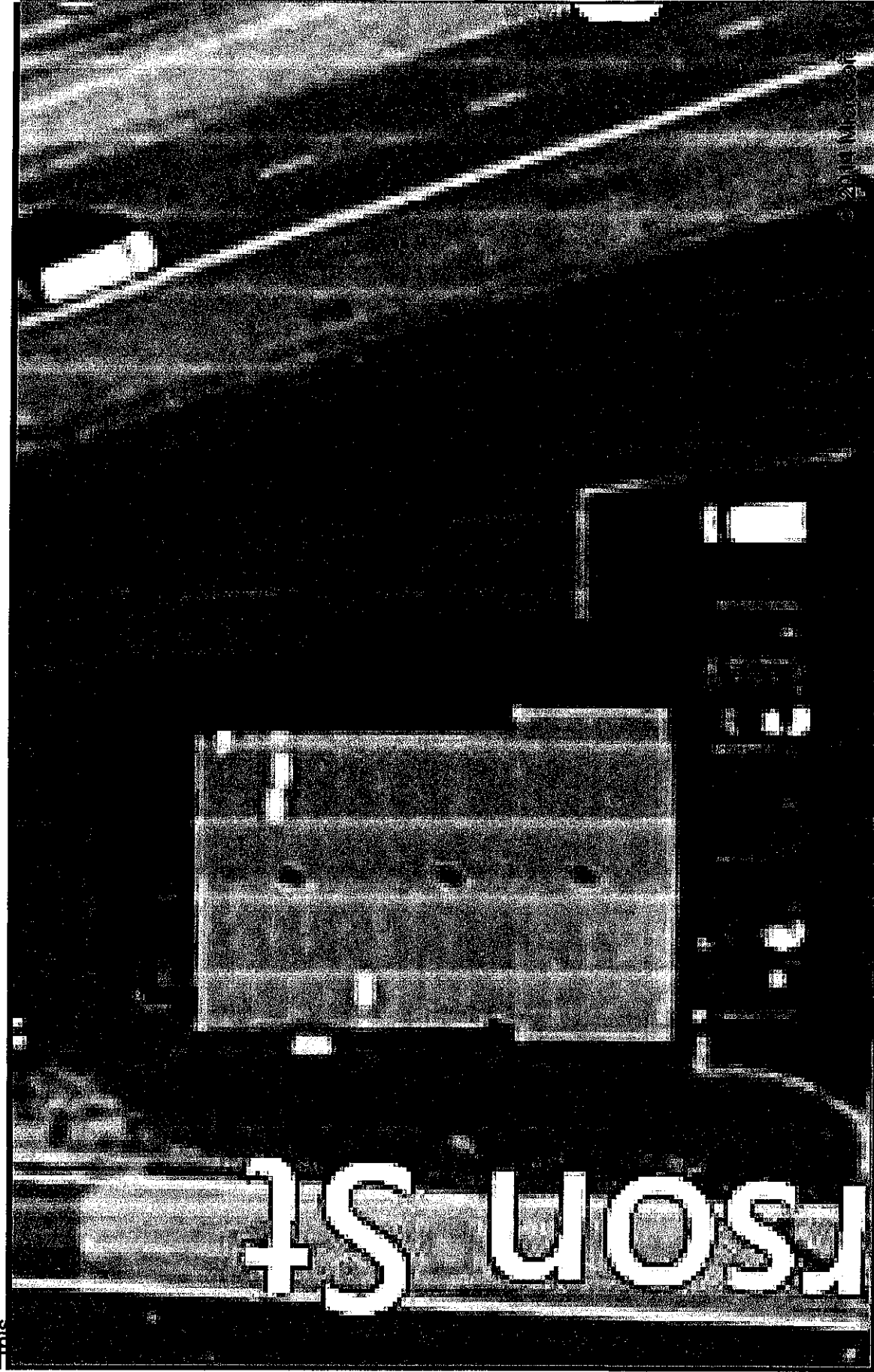
***A Completed Checklist Must Be Submitted With Each Special Event Permit Application**

Submittal Requirements	Yes	No
Completed Special Events Application	✓	
Ownership signature/permission		✓
Filing fee -- See Schedule of Fees and Charges for applicable fee	✓	
Checklist for Special Event Application	✓	

*** Applications missing any required item above will be deemed incomplete.**

Table 1. General Application Requirements				
UDO Article 11., Sec. 11.060	Ordinance Requirement	Met	Not Met	N/A
A. Application Required.	A Special Event Application shall be submitted for any Special Event requiring a Special Event Permit, as outlined above under "Permit Required."			✓
B. Application Deadline	A complete application shall be submitted at least 20 calendar days prior to the requested start date of a Special Event. The Director shall have the authority to waive the application deadline.			✓
C. Submission Requirements.	The application shall set forth and contain the submission requirements as stated in the UDO Article 11.060.C.1-14			✓
C.1. Name of Event	Name and/or brief description of the event.			✓
C.2. Description of City Services	Description of City Services required for the event such as traffic control, street sweeping etc.			✓
C.3. Fees	Fees as required. See the Schedule of Fees and Charges for applicable fee	✓		
C.4. Narrative	A written narrative, fully describing the proposed event, including: <ul style="list-style-type: none"> • Location • Hours of operation • Anticipated attendance • Buildings or structures to be used in conjunction with the event • Proposed signs or attention attracting devices • Public streets to be used, if any 			✓
C.5. Statement	A statement that the standards set forth in Article 11, of the UDO, have been satisfied.			✓
C.6. Site Plan	A site plan in the form and the level of detail as required by the Director, showing the location of all existing or proposed uses, structures, parking areas, outdoor display areas, signs, streets, and property lines.	✓		

Print



EXPLORE MAP IMAGERY

Display Pool "The Waterhole"



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/11/2014

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 Summit Hill Insurance, LLC 1550 SW Market St Ste #120 Lees Summit MO 64081		CONTACT NAME: Scott Dryer PHONE (A/C, No, Ext): 816-554-7655 FAX (A/C, No): 816-554-0122 E-MAIL ADDRESS: scott@summithillinsurance.com	
INSURED JVL Inc. DBA: The Water Hole 1025 SW Jefferson St Lees Summit MO 64081		INSURER(S) AFFORDING COVERAGE INSURER A: Columbia Insurance Group INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

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 INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	GENERAL LIABILITY			BOPMO 0000081525	11/23/2013	11/23/2014	EACH OCCURRENCE \$ 1,000,000		
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000		
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000		
	GENTL AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV INJURY \$ 1,000,000	
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 2,000,000		
A	AUTOMOBILE LIABILITY			BOPMO 0000081625	11/23/2013	11/23/2014	PRODUCTS - COMP/OP AGG \$ 2,000,000		
	<input type="checkbox"/> ANY AUTO								COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS							BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS							BODILY INJURY (Per accident) \$
	<input type="checkbox"/> PROPERTY DAMAGE (Per accident) \$								
	UMBRELLA LIAB						EACH OCCURRENCE \$		
	EXCESS LIAB						AGGREGATE \$		
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$								
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/>		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				E.L. EACH ACCIDENT \$		
							E.L. DISEASE - EA EMPLOYEE \$		
							E.L. DISEASE - POLICY LIMIT \$		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

CANCELLATION

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



Planning & Codes Administration Special Event Checklist

***A Completed Checklist Must Be Submitted With Each Special Event Permit Application**

Met	Not Met	N/A	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Applicant – Name, Address and Telephone Number
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	• Property Owner – Name, Address and Telephone Number
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	• Written approval from the property owner agreeing to the proposed event
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Description of the site on which the proposed event is to be held
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Date(s) of the proposed event
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	• a narrative written description of the proposed event, to include:
			• the hours of operation,
			• anticipated attendance,
			• any building/structures, signs or attention-attracting devices proposed to be used in conjunction with the event,
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. A site plan showing the location of all existing or proposed uses, structures, parking areas, outdoor display areas, signs, streets and property lines.
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	8. Location and number of proposed temporary public toilets
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9. Proposed temporary potable water supplies, which shall be approved by the Water Utilities Department, pursuant to applicable City codes.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Proof of liability insurance at time of application
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	11. Electrical Plan shall be approved by the Code Official