



## CODES ADMINISTRATION

<b>Building Permit - Commercial</b> <b>Project Title:</b> SAINT LUKES MULTISPECIALTY CLINIC TENANT FINISH <b>Work Desc:</b> CHANGE OF TENANT	<b>Permit No:</b> PRCOM20140442 <b>Date Issued:</b> April 15, 2014
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<b>Project Address:</b> 20 NE SAINT LUKES BLVD, Unit:300, LEES SUMMIT, MO 64086  <b>Legal Description:</b> SAINT LUKES HOSPITAL OF LEES SUMMIT LOTS 1 & 2---LOT 1 <b>Parcel No:</b> 52440044000000000  <b>County:</b> JACKSON	<b>Permit Holder:</b>  A L HUBER INC 10770 EL MONTE OVERLAND PARK, KS 66211
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<b>Activities Included for this Project:</b> zChange of Tenant, In-Wall Inspection Permit, Above Ceiling Permit, Electrical Service Permit Commercial,
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<b>Construction Type:</b> Type IIB (Unprotected)	<b>Occupancy:</b> BUSINESS <b>Valuation:</b> \$40,000.00	<b>Zoning District:</b> CP-2
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<b>Residential Area:</b>	
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<b>Commercial Area</b>	4156
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Issued By: _____ CJH _____	Date: Apr 15, 2014
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THIS PERMIT IS ISSUED IN RELIANCE UPON INFORMATION SUBMITTED BY THE APPLICANT. THE BUILDING OFFICIAL MAY SUSPEND OR REVOKE WHENEVER THE PERMIT IS ISSUED IN ERROR, OR ON THE BASIS OF INCORRECT INFORMATION SUPPLIED, OR IN VIOLATION OF ANY ADOPTED CODE, CITY ORDINANCE OR REGULATIONS.  NOTICE: THE DISPOSAL OF DEMOLITION WASTE IS REGULATED BY THE DEPARTMENT OF NATURAL RESOURCES UNDER CHAPTER 260 RSMO. SUCH WASTE, IN TYPES AND QUANTITIES ESTABLISHED BY THE DEPARTMENT, SHALL BE TAKEN TO A DEMOLITION LANDFILL OR A SANITARY LANDFILL FOR DISPOSAL.
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Signature of Applicant: _____	Date: Apr 15, 2014 _____
Print name: _____	Company Name: _____