| PLAN REVIEW CONDITIONS                                                                                                                                                                                               |                                                     |                                |             |                          |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|--------------------------------|-------------|--------------------------|--|--|
|                                                                                                                                                                                                                      |                                                     |                                |             |                          |  |  |
| July 02, 2014                                                                                                                                                                                                        |                                                     |                                |             |                          |  |  |
| MCCARTHY BUILDIN                                                                                                                                                                                                     | IG COMPANIES INC                                    |                                |             |                          |  |  |
| 10601 MISSION RD                                                                                                                                                                                                     | SUITE 220                                           |                                |             |                          |  |  |
| LEAWOOD, KS 6620                                                                                                                                                                                                     | 06                                                  |                                |             |                          |  |  |
| Permit No:                                                                                                                                                                                                           | PRCOM20140913                                       |                                |             |                          |  |  |
| Project Title:                                                                                                                                                                                                       | SAINT LUKES EAST - NMP FAMILY PRACTICE CLINIC       |                                |             |                          |  |  |
| Project Address:                                                                                                                                                                                                     |                                                     |                                |             |                          |  |  |
| Parcel Number:                                                                                                                                                                                                       | 5244004400000000                                    |                                |             |                          |  |  |
| Location:                                                                                                                                                                                                            | SAINT LUKES HOSPITAL OF LEES SUMMIT LOTS 1 & 2LOT 1 |                                |             |                          |  |  |
| Type of Work:                                                                                                                                                                                                        | NEW TENANT FINISH                                   |                                |             |                          |  |  |
| Occupancy Group:                                                                                                                                                                                                     | BUSINESS                                            |                                |             |                          |  |  |
| Description:                                                                                                                                                                                                         | TENANT FINISH O                                     | F EXISTING SHELL SPACE FOR N   | NEW GENERAL | PRACTITIONER CLINICS     |  |  |
| The following is a list of requirements from the City of Lee's Summit that have not been satisfactorily addressed in the plans and specifications. Please contact the appropriate department regarding clarification |                                                     |                                |             |                          |  |  |
| of comments.                                                                                                                                                                                                         |                                                     |                                |             |                          |  |  |
| Codes Administration (816) 969-1200                                                                                                                                                                                  |                                                     | Fire Department (816) 969-1300 |             | artment (816) 969-1300   |  |  |
| Building Plan Revie                                                                                                                                                                                                  | PW.                                                 | Reviewed By: Joe Frogge        |             | Approved with Conditions |  |  |
| Dunung Hum Nevic                                                                                                                                                                                                     |                                                     | nericinear by the troppe       |             | Approved that conditions |  |  |
| 1. Address issue:                                                                                                                                                                                                    |                                                     |                                |             |                          |  |  |
| Action required: Provide suite # for tenant. Coordinate with adjacent tenants and fire department. May be verified at inspection.                                                                                    |                                                     |                                |             |                          |  |  |
| Fire Plan Review                                                                                                                                                                                                     |                                                     | Reviewed By: Brian Austerm     | an          | Approved with Conditions |  |  |
| Licensed Contracto                                                                                                                                                                                                   | ors                                                 | Reviewed By: Joe Frogge        |             | Approved                 |  |  |
| X Approved to issue per the listed conditions.                                                                                                                                                                       |                                                     |                                |             |                          |  |  |
| Do not is                                                                                                                                                                                                            | Do not issue per the listed conditions.             |                                |             |                          |  |  |
| Approved to construct foundation only per the listed conditions.                                                                                                                                                     |                                                     |                                |             |                          |  |  |
| Requires Final Development Plan approval prior to issuing this building permit.                                                                                                                                      |                                                     |                                |             |                          |  |  |
|                                                                                                                                                                                                                      |                                                     |                                |             |                          |  |  |
| The applicant agrees to incorporate the aforementioned requirements into the project to conform to applicable City Codes and Ordinances.                                                                             |                                                     |                                |             |                          |  |  |
| <u> </u>                                                                                                                                                                                                             |                                                     |                                |             |                          |  |  |
| Signature of Applic                                                                                                                                                                                                  | ant                                                 | Date                           |             |                          |  |  |

The approval of plans and specifications does not permit the violation of any section of the Building Codes or other City Ordinances or State Law.

The review conducted by the City of Lee's Summit Codes Administration Department shall not be construed as a structural review of the project.