



CHANGES

BUSINESS NAME	DEBORAH HUDSON HAIR & NAIL SALON		
ADDRESS	676 SE BAYBERRY LN, Unit:103, LEES SUMMIT, MO 64063		
OWNER/OPERATOR NAME	HUFF CARL E & ALTHEA J:	TELEPHONE	<NO PRIMARY PHONE>
ADDRESS	656 SE BAYBERRY LN 101 LEES SUMMIT, MO 64063--4300 Primary: <NO PRIMARY PHONE> Cell: <NO CELL PHONE>		

EMERGENCY CONTACT INFORMATION

NAME	TELEPHONE
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

LOSS REDUCTION TYPE

<input checked="" type="checkbox"/> Occupancy	<input type="checkbox"/> Semi-Annual	<input type="checkbox"/> Annual	<input type="checkbox"/> Life Safety	<input type="checkbox"/> Sprinkler	<input type="checkbox"/> Hazardous Material Permit
<input type="checkbox"/> Complaint	<input type="checkbox"/> Explosive Storage	<input type="checkbox"/> UST	<input type="checkbox"/> Post-Incident	<input type="checkbox"/> Open Burning	<input type="checkbox"/> Other
CLASS: B	Map#: 195M	PFA#:	KNOX BOX:	KNOX LOCATION:	PERMIT # PRCOM20141969

LOSS REDUCTION NARRATIVE

NO VIOLATIONS NOTED

ALL VIOLATIONS RESOLVED

Last Inspection 1st Inspection 2nd Inspection 3rd Inspection 4th Inspection

INSPECTION	INSPECTOR	OUTCOME	DATE
Occupancy Inspection - Fire	Joe Dir	Temporary C of O	Thursday, July 24, 2014
Corrective Action Required:			
1 - replace the keyed cylinder deadblot lock with a rhumb throw lock (rear door)			
- post the numeric address of the suite 103 on the exterior of the rear door.			
- install a light fixture or close the j-box beside the rear door (exterior)			
- mount the fire extinguisher on a wall close to an exit			

DATE OF REPORT	INSPECTOR	PREVENTION FOLLOW-UP REQUIRED?	RESPONSIBLE SIGNATURE
July 24, 2014	Joe Dir	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	