



CHANGES

<b>BUSINESS NAME</b>	LSR7 STANSBERYY LEADERSHIP CENTER BUILDING SECURITY UPGRADES		
<b>ADDRESS</b>	301 NE TUDOR RD, LEES SUMMIT, MO 64086		
<b>OWNER/OPERATOR NAME</b>	HOLLIS & MILLER GROUP INC:	<b>TELEPHONE</b>	<NO PRIMARY PHONE>
<b>ADDRESS</b>	220 NW EXECUTIVE WAY LEES SUMMIT MO, MO 64063 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: E	Map#:	PFA#:	KNOX BOX:	KNOX LOCATION:	PERMIT # prcom20140591

**LOSS REDUCTION NARRATIVE**

NO VIOLATIONS NOTED

ALL VIOLATIONS RESOLVED

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

INSPECTION	INSPECTOR	OUTCOME	DATE
<b>Occupancy Inspection - Fire</b>	Joe Dir	Temporary C of O	Wednesday, August 06, 2014
Corrective Action Required:			
1      - add additional sprinkler system coverage in the front foyer(s) vestibule(s) - post the numeric address of 301 on the exterior			
DATE OF REPORT	INSPECTOR	PREVENTION FOLLOW-UP REQUIRED?	RESPONSIBLE SIGNATURE
August 06, 2014	Joe Dir	<input type="checkbox"/> Yes <input type="checkbox"/> No	