



LEE'S SUMMIT MISSOURI

Planning & Codes Administration Application Form

SPECIAL EVENT: Primary Care Clinic Opening

☐ Athletic Event

☐ Mobile Food Vendor

☒ Event Signage

☐ Other

EVENT DATE: 10/20/14 - 11/20/14 EVENT TIME: _____ to _____

EVENT LOCATION/ADDRESS: Suite 245, NMP; 20 NE Saint Luke's Blvd; Lee's Summit _____ ZONING
OF PROPERTY: _____

APPLICANT Saint Luke's East Hospital

PHONE 816-347-5000

CONTACT PERSON Joe Stasi _____ FAX _____

ADDRESS 100 ^{NE} ~~NW~~ Saint Luke's Blvd _____ CITY/STATE/ZIP Lee's Summit, MO 64086

PROPERTY OWNER Saint Luke's East Hospital _____ PHONE 816-347-5000

CONTACT PERSON Joe Stasi _____ FAX _____

ADDRESS _____ CITY/STATE/ZIP _____

PROPERTY OWNER

Print name: by Joseph P Stasi,
CFO

APPLICANT

by Joseph P. Stasi, CFO

Administrative Notes (do not write below this line)

Approved Planning & Codes Administration



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.**

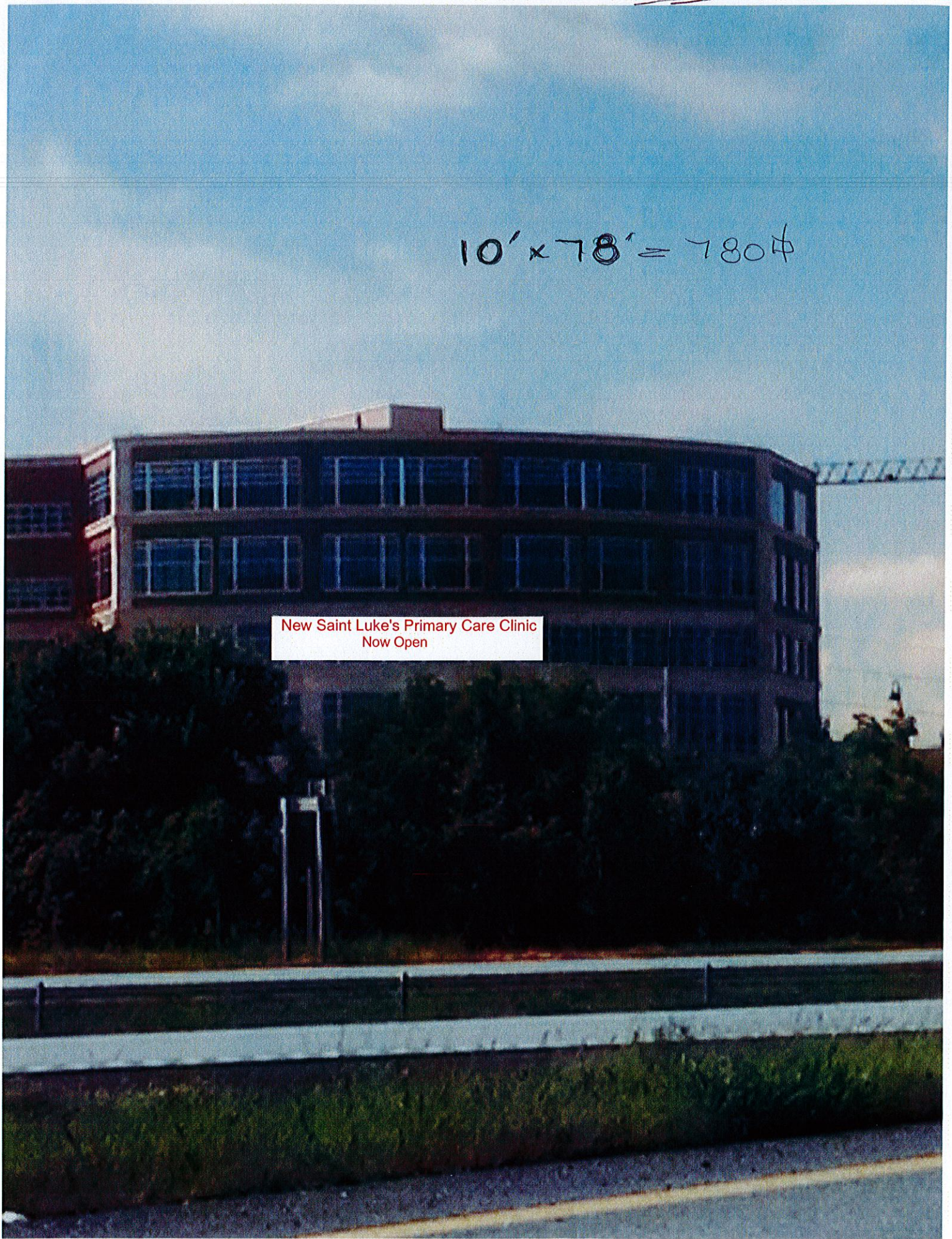
Table 1. General Application Requirements				
UDO Article 11., Sec. 11.060	Ordinance Requirement	Met	Not Met	N/A
A .Application Required.	A Special Event Application shall be submitted for any Special Event requiring a Special Event Permit, as outlined above under "Permit Required."			
B. Application 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 Saint Luke's NMP • Hours of operation • Anticipated attendance • Buildings or structures to be used in conjunction with the event • Proposed signs or attention attracting devices Banner 10'x 78' • 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.			

Table 1. General Application Requirements

[illegible]

$10' \times 78' = 780 \text{ ft}^2$

New Saint Luke's Primary Care Clinic
Now Open





LEE'S SUMMIT MISSOURI

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		• Property Owner – Name, Address and Telephone Number
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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