



Planning & Codes Administration
Application Form

PERMIT NUMBER _____ RECEIPT NUMBER _____

SPECIAL EVENT: _____

☐ Athletic Event ☐ Mobile Food Vendor ☐ Event Signage ☒ Other

EVENT DATE: 5-10-15 EVENT TIME: 7:00 am to 2:00 pm.

EVENT LOCATION/ADDRESS: Harris Park Community Center
110 SW BLUE Parkway ZONING OF PROPERTY: _____

APPLICANT Summit Park Church PHONE 417-880-8464

CONTACT PERSON Scott Oblomski FAX _____

ADDRESS P.O. Box 1228 CITY/STATE/ZIP Lee's Summit, MO
210 SW MARKET ST. 64063

PROPERTY OWNER CITY OF LS PHONE _____

CONTACT PERSON TEDE PRICE FAX _____

ADDRESS 110 SW BLUE Pkwy CITY/STATE/ZIP LS

~~PROPERTY OWNER~~


APPLICANT

Print name: SCOTT OBLOMSKI

Administrative Notes (do not write below this line)

Approved Planning & Codes Administration

RECEIVED

APR 29 2015

Planning & Codes Admin

Christopher Hughey

From: Scott Obremski [Scott@summitparkchurch.com]
Sent: Wednesday, April 29, 2015 11:33 AM
To: Christopher Hughey
Subject: Fwd: Portable Classroom / Mother's Day Proposal
Attachments: Summit Park Church - Proposed 1030MO Layout.pdf; ATT00001.htm; Screen Shot 2015-04-21 at 3.20.37 PM.png; ATT00002.htm; Screen Shot 2015-04-21 at 3.43.35 PM.png; ATT00003.htm; Screen Shot 2015-04-21 at 3.15.47 PM.png; ATT00004.htm; maxresdefault.jpeg; ATT00005.htm; rockstar-1-shaggin-wagon.jpeg; ATT00006.htm

Scott Obremski
Lead Pastor
Summit Park Church
summitparkchurch.com

Begin forwarded message:

From: Scott Obremski <scott@summitparkchurch.com>
Date: April 21, 2015 at 3:50:56 PM CDT
Subject: Portable Classroom / Mother's Day Proposal
Cc: Myranda Lowe <myranda@summitparkchurch.com>, Jonathan Hardy <Jonathan@summitparkchurch.com>, Jeremy Needham <jeremyneedham1@gmail.com>
To: Tede Price <tede.price@cityofls.net>

Hey Tede,

As we discussed on the phone, Summit Park has been researching the possibility of purchasing a mobile classroom to use on Sundays. The classroom would be used as additional children's space and would be parked in parking spots directly outside the southwest entrance to the gym. I have attached a picture and dimensions of the classroom and an example of the proposed layout as a reference. The trailer we would purchase would be tan with dark brown trim to match HPCC.

If possible, we would like to test the feasibility of this setup on Mother's Day. We would like to rent a party bus and a video game trailer. These would also be parked in the parking spaces on the south side of the gym. I've attached a diagram and pics for this as well.

Please let me know if there is any other information you need on this.

Thank you for your consideration!

Scott



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/23/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Loomis Insurance Agency Inc. 1758 S Kentwood Ave Springfield MO 65804	CONTACT NAME: Debby Johnson-Sikes	
	PHONE (A/C, No., Ext.): (417) 881-1661 FAX (A/C, No.): (417) 883-7272	
	E-MAIL ADDRESS: djohnson@loomisinsurance.com	
INSURED Summit Park Church P.O. Box 1228 Lees Summit MO 64063-8228	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Brotherhood Mutual Insurance	13528
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			DJJ10354P140711-001	07/12/2014	07/12/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input checked="" type="checkbox"/> Y/N	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Coverage for services held weekly at Harris Park Community Center 110 SE Blue Parkway Lee's Summit MO 64063. Coverage is strictly subject to all the terms of the policy.

CERTIFICATE HOLDER

CANCELLATION

AI 004165

Harris Park Community Center 110 SE Blue Parkway Lee's Summit MO 64063-	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE

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