

**CODES ADMINISTRATION**

**PLAN REVIEW CONDITIONS**

July 29, 2015

TURNER CONSTRUCTION COMPANY  
250 W COURT STREET STE 450  
CINCINNATI, OH 45202

Permit No: PRCOM20151608  
Project Title: SAINT LUKES MEDICAL GROUP EAST INTERNAL MEDICINE  
Project Address: 20 NE SAINT LUKES BLVD, Unit:350, LEES SUMMIT, MO 64086  
Parcel Number: 52440044000000000  
Location: SAINT LUKES HOSPITAL OF LEES SUMMIT LOTS 1 & 2---LOT 1  
Type of Work: ALTERATION COMMERCIAL  
Occupancy Group: BUSINESS  
Description: INTERIOR ALTERATIONS FOR EXISTING TENANT

***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

<b>Licensed Contractors</b>	<b>Reviewed By: Joe Frogge</b>	<b>Approved</b>
<b>Building Plan Review</b>	<b>Reviewed By: Joe Frogge</b>	<b>Approved</b>
<b>Fire Plan Review</b>	<b>Reviewed By: Joe Dir</b>	<b>Approved with Conditions</b>

1. Any or all electrical outlets and switches connected to the Generator power will need to be tested for proper connection to generator circuits if moved or altered during the renovation process.

For information purposes

2. 2006 IFC 901.6- Inspection, testing and maintenance. Fire detection, alarm and extinguishing systems shall be maintained in an operative condition at all times, and shall be replaced or repaired where defective. Not required fire protection systems and equipment shall be inspected, tested and maintained or removed.

All alarm notification and activation devices to remain in full operation during the demolition and renovation construction.

For information purposes

3. 2006 IFC 904.4.2- Alarm testing. Notification appliances, connections to fire alarm systems, and connections to approved supervising stations shall be tested in accordance with this section and Section 907 to verify proper operation.

Testing of the alarm system in the renovation area will be required if any of the alarm devices are relocated, disconnected or altered during the renovation process.

For information purposes.

- ☒ Approved to issue per the listed conditions.
- ☐ 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.

_____ Signature of Applicant	_____ Date
---------------------------------	---------------

_____ Print Applicant Name	_____ CompanyName
-------------------------------	----------------------

***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.***