

CODE MODIFICATION REQUEST

(PLAN REVIEW)

BUILDING/STRUCTURE NA	AME: LEGACY PARK A	MPHITHEATRE		
PREMISE ADDRESS: 90	01 NE Bluestem Drive Lee's Su	mmit, MO 64086		
PERMIT NUMBER (if applic	cable):		Φ;	
OWNER'S NAME: Cit	ity of Lee's Summit			
TO: Director of Planning 8	₹ Codes Administration			
provisions of the code as I the public health, welfare and action. (NOTE: ATTAC The owner of the pro- required restrooms.	e's Summit Building Code, I value of tending that the spirit and intent and safety are assured. The found of the control of th	of the Lee's Sum following articulat ATION NECESSARY of requesting a red rooms is adequate	mit Building Code a ses my request for y () fuction in the numb e for the general us	are observed your review per of se of the
	nd Blvd, Suite 400	() OWNER K Tel.# 816.474. SIGNATURE:	YOWNER'S AGEN	Т
TRACY DEISTER – ASST. DI	RECTOR CODES ADMINISTRAT	TION: () APP	ROVAL () DEN	IIAL
SIGNATURE:		DATE:		
ROBERT MCKAY - DIRECTO	OR OF PLANNING & CODES AD	MIN:	() APPROVED	() DENIED
SIGNATURE:		DATE:		
COMMENTS:				4

A COPY MUST BE ATTACHED TO THE APPROVED PLANS ON THE JOB SITE

10/21/14 MI\CODES ADMIN\Forms and Handouts\Codes\Forms\Code Modification Request PLAN REVIEW.doc