

220 SE Green Street | Lee's Summit, MO 64063 | 816.969.1600 | 816.969.1619 Fax | www.cityofls.net/Development Exterior Popovetion Dormit

	Exterior Removation Permit
1.	PROJECT NAME / INTENT: 3RD. ST. SOCIAL
2.	PROPERTY ADDRESS: 123 SOUTHEAST 320. ST.
3.	ZONING OF PROPERTY: CBD - PLANHED CENTRAL BUSINESS DISTRICT
4.	LEGAL DESCRIPTION (plat name and lot number): 123 S.E. 329 ST. LOT 2 1 LOT 1A
	ARNOLD HALL
5.	APPLICANT DRAW ARCHITECTURE PHONE 816-531-8303
	CONTACT PERSON BIRAHAM STILL FAX 316-531-8305
	ADDRESS 214 W. 218+ St. CITY/STATE/ZIP KCMO 64108
	E-MAIL GRAHAMEDRAWARCH. COM
6.	PROPERTY OWNER 329 ST. RESTAURANT ASSOCIATES PHONE 816-298-3084
	CONTACT PERSON FAXFAX
	ADDRESS 123 SE 3 5 There CITY/STATE/ZIP Les Sunt 10
	E-MAIL ALOCK @ Sumit Brill and Bar, con 64063

7. CONTRACTOR/OTHER 3 SQUARE CONTRACTING PHONE 913-754-3033 CONTACT PERSON MARK SPEARS FAX 913-754-3034 ADDRESS 1243 MERRIAM LANE CITY/STATE/ZIP KC KANSAS GGOS E-MAIL MARKE 35 QUARECONTRACTING. COM 8. ENGINEER/SURVEYOR _____ PHONE _____ CONTACT PERSON ______ FAX _____ ADDRESS ______ CITY/STATE/ZIP _____ E-MAIL All applications require the signature of the owner and the applicant, if the applicant is different. Applications

without the proper signatures will be deemed incomplete and will not be processed.

PROPERTY OWNER

Date Filed: _____ Processed by: ____ Application #____ –



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Ownership Affidavit Form

the proposed use specified in the application will be a permitted use upon the subject property under the Lee's Summit Unified Development Ordinance. Dated this	who
COUNTY OF JACKSON) Comes now	who d as
Comes now	who d as
being duly sworn upon his/her oath, does state that he/she is the owner of the property legally describe in the application for	who d as
(type of application, e.g., rezoning, exterior renovation permit, etc.). Owner acknowledges the submission of said application and understands that upon approval of the ap the proposed use specified in the application will be a permitted use upon the subject property under the Lee's Summit Unified Development Ordinance. Dated this	
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Signature of Owner Printed Name	plication e City of
Signature of Owner Printed Name	
Printed Name	
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Subscribed and sworn to before me this23 day ofDELEMBER, 20_15	
	,
Notary Public	
My Commission Expires November 02, 2019	



CODE MODIFICATION REQUEST

(PLAN REVIEW)

BUILDING/STRUCTURE NAME: ARHOLD HALL
PREMISE ADDRESS: 123 SE 3RD ST.
PERMIT NUMBER (if applicable): PROM 20152703
OWNER'S NAME: 3RD ST. RESTAURANT ASSOCIATION
TO: Director of Planning & Codes Administration
In accordance with the Lee's Summit Building Code, I wish to apply for a modification to one or more provisions of the code as I feel that the spirit and intent of the Lee's Summit Building Code are observed the public health, welfare and safety are assured. The following articulates my request for your review and action. (NOTE: ATTACH ANY ADDITIONAL INFORMATION NECESSARY) **EQUEST EXCEPTION TO REG. MIN. R. VALUE ON ROOF, EXISTING HISTORIC STRUCTURE IS TO BETAINTAINED WITH 2" OF INSULATION ON THE EXTERIOR, MEP ENG. DESIGN
NAME: GRAHAM STILL () OWNER GOWNER'S AGENT TEL.# 816 531-8303 CITY, STATE, ZIP: KCMO, 64113 SIGNATURE: SIGNATURE:
TRACY DEISTER – ASST. DIRECTOR CODES ADMINISTRATION: () APPROVAL () DENIAL
SIGNATURE: DATE:
ROBERT MCKAY - DIRECTOR OF PLANNING & CODES ADMIN: () APPROVED () DENIED
SIGNATURE: DATE:
COMMENTS:
A COPY MUST BE ATTACHED TO THE APPROVED PLANS ON THE JOB SITE

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