

LS LEE'S SUMMIT MISSOURI

Planning & Codes Administration Application Form

PERMIT NUMBER 20161064 RECEIPT NUMBER 2016018335

SPECIAL EVENT: Friends of NRA - Fundraising event

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

EVENT DATE: June 9- 2016 EVENT TIME: 5:30 to 11:00

EVENT LOCATION/ADDRESS: 2525 NE Douglas St

Hangar Location ZONING OF PROPERTY: _____

APPLICANT NRA PHONE 816-591-1653

CONTACT PERSON Ronald W D'Jarnette FAX _____

ADDRESS 2525 N.E Douglas St CITY/STATE/ZIP L.S MO 64064

PROPERTY OWNER Janice L D'Jarnette or Ronald W D'Jarnette PHONE 816-591-1653

CONTACT PERSON " FAX _____

ADDRESS _____ CITY/STATE/ZIP _____

Janice L D'Jarnette PROPERTY OWNER APPLICANT

Print name: Janice L D'Jarnette

Administrative Notes (do not write below this line)

RECEIVED

Approved Planning & Codes Administration

Planning & Codes Admin

D'Jarnette, Jan e
gmail.com



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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	• Written approval from the property owner agreeing to the proposed event
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Description of the site on which the proposed event is to be held
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Date(s) of the proposed event
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• a narrative written description of the proposed event, to include: <ul style="list-style-type: none">• the hours of operation,• anticipated attendance, <i>200 expected</i>• any building/structures, signs or attention-attracting devices proposed to be used in conjunction with the event,
<input 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 type="checkbox"/>	8. Location and number of proposed temporary public toilets <i>porta potties</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	10. Proof of liability insurance at time of application
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Electrical Plan shall be approved by the Code Official

DP Jarrette Enterprise Inc
2525 N.E. Douglas

200 X 200
Not To Scale

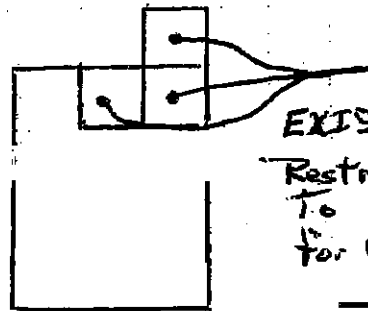
DRIVEWAY

EXISTING
Restrooms
To be used
for Women

80' Door

Temp Porta Pot
for Men

PARKING





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/19/2016

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 Copeland Insurance Agency 5909 SW 28th St., Ste. 102 Topeka KS 66614 INSURED Pride Services, Inc. 3842 Georgia Terrace Pomona KS 66076-9037	CONTACT NAME: Topeka Office PHONE: (785) 215-8767 FAX: (785) 215-8478 E-MAIL: topeka@copelandins.com ADDRESS: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A: Firemens Insurance Co. of</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Firemens Insurance Co. of		INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES**CERTIFICATE NUMBER: 2016-2017****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.

WTR	LTR	TYPE OF INSURANCE	ADDL SUBR	INSO	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY							
		<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR							
		GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO. <input type="checkbox"/> LOG <input type="checkbox"/> OTHER:							
						CPA3058418-23	4/23/2016	4/23/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY							
		ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS							
						CPA3058418-22	4/23/2016	4/23/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP-Basic \$ 4,500
		UMBRELLA LIAB EXCESS LIAB							
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE							
		DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>							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							PER STATUTE <input type="checkbox"/> OTH. <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)

CERTIFICATE HOLDER

(816) 969-1619

City of Lee's Summit
 Codes Administration Dept
 220 SE Green
 Lee's Summit, MO 64063

CANCELLATION

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

Monte McGinnis/AGYTOP

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LEE'S SUMMIT MISSOURI

220 SE Green Street | Lee's Summit, MO 64063 | P: 816.959.1000 | cityofls.net

RECEIPT OF PAYMENT

Receipt Number:	2016018335
Receipt Date:	05/09/2016
Date Paid:	05/09/2016
Payment Method:	Cash,
Check Number:	,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	DEJARNETTE ENTERPRISES INC, Address:2525 NE DOUGLAS SQ

Fees:

Fee Description	Reference / Application Number	Amount Paid
0026 - Special Event Permit (application fee)	PRSE20161064	\$50.00