

**CODES ADMINISTRATION**

**PLAN REVIEW CONDITIONS**

September 29, 2016

FAIRWAY CONSTRUCTION CO INC  
P O BOX 7688  
COLUMBIA , MO 65205

Permit No: PRCOM20160939  
Project Title: WILSHIRE AT LAKEWOOD MEMORY CARE  
Project Address: 3320 NE WILSHIRE DR, LEES SUMMIT, MO 64064  
Parcel Number: 43830990900000000  
Location: WILSHIRE HILLS- 3RD PLLAT, LOT 4A --- LOT 4A  
Type of Work: NEW COMMERCIAL  
Occupancy Group: INSTITUTIONAL, SUPERVISED ENVIRONMENT  
Description: NEW MEMORY CARE FACILITY WITH FULL COMMERCIAL KITCHEN

***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

**Building Plan Review**

**Reviewed By: Joe Frogge**

**Approved with Conditions**

3. For the Health Department inspection contact Deb Sees with the Jackson County Public Works Department, Environmental Health Division at (816) 847-7070. Health Department approval is required prior to receiving any type of Occupancy from the City of Lee's Summit.

Action required: Comment is for informational purposes.

5/20/16 - acknowledged in letter.

**Fire Plan Review**

**Reviewed By: Joe Dir**

**Approved with Conditions**

1. 2012 IFC 506.1- Where required. Where access to or within a structure or an area is restricted because of secured openings or where immediate access is necessary for life-saving or fire-fighting purposes, the fire code official is authorized to require a key box to be installed in an approved location. The key box shall be of an approved type and shall contain keys to gain necessary access as required by the fire code official.

Plans show two knox boxes, only one is required that is to be mounted above the FDC. If the owner wants to install two boxes that is exceptable.

A KNOX BOX CAN BE OBTAINED ON LINE AT [knoxbox.com](http://knoxbox.com) OR CONTACT THE FIRE DEPARTMENT AT 816-969-1300

2. ALL OTHER PERVIOUS CONDITIONS WERE ADDRESSED IN THE RESUB LETTER AND PLANS.

**Licensed Contractors**

**Reviewed By: Joe Frogge**

**Approved**

xx 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.***