



**LEE'S SUMMIT**  
MISSOURI

**DEMOLITION PERMIT APPLICATION**

For Office Use Only:

Permit #

Approval Date:

Permit \$

Applicant: MID West Interiors Inc  
Address: 711 N2 Pilgrim Way Lee Summit Mo 64086  
Phone: (816) 918-5548 Fax: \_\_\_\_\_

**Location of the project:**

Street address: 622 SW 3rd St. Lee Summit Mo  
Legal description: Demo Summit Dental

**Required information:**

Is the building to be partially or completely demolished? ☐ Partial ☐ Complete

Use of the building: ☐ Single family residential ☐ Two family ☐ Commercial building ☒ Other

Will the water service removed? NO (Complete demolition only)

Will the sanitary service be removed? NO (Complete demolition only)

Description of the building to be demolished Interior walls / Carpet  
\_\_\_\_\_  
\_\_\_\_\_

Number of stories: 1 Total square footage of the building: \_\_\_\_\_

Does the applicant own the structure to be removed? ☐ Yes ☐ No Project Valuation: \$ 1800

**The applicant shall furnish a certificate of liability insurance for personal and property damage exempting and saving harmless the city in a minimum amount of \$100,000 injury each person, \$300,000 each occurrence, and \$50,000 property damage.**

AFFIDAVIT: I hereby certify that I have the authority to make the foregoing application and that the application, to the best of my knowledge, is complete and correct and that the permitted construction will conform to the regulations in the Codes adopted by the City of Lee's Summit and all applicable ordinances.

Paul D Moore  
Signature of Owner or Authorized Agent

Paul D Moore  
Printed Name of Applicant

5/10/12  
Date