

## **DEVELOPMENT SERVICES**

| Building Permit - Commercial Project Title: SUMMIT SQUARE APARTMENTS PHASE II - BUILDING #2 Work Desc: NEW MULTI-FAMILY  |  | Permit No: PRCOM20182607<br>Date Issued: August 05, 2019                  |  |  |  |
|--|--|---|--|--|--|
|  |  |   |  |  |  |
| Project Address:<br>829 NW DONOVAN RD, LEES SUMMIT, MO 64086   |  | Permit Holder: NEIGHBORS CONSTRUCTION COMPANY INC 15226 W 87TH ST PARKWAY |  |  |  |
| Legal Description: SUMMIT ORCHARD LOT 1A LOT 1A  |  | LENEXA, KS 66219  |  |  |  |
| Parcel No: 52900036100000000   |  |   |  |  |  |
| County: JACKSON  |  |   |  |  |  |
| Activities Included for this Project:<br>zNew Multi-Family, Above Ceiling Perm<br>Commercial, Foundation Permit Comm<br>Commercial, In-Wall Inspection Permit,                                   | ercial, Fire Rated Ass<br>Mechanical Permit (                  | semblies Permit, Gas P<br>Commercial, Plumbing                            | ermit Commercial, Gas Service Permit<br>Permit Commercial, Sprinkler Permit, |  |  |
| Construction Type: Type VA (1 hour)  | Occupancy: RESIDENTIAL, MULTI-FAMILY Valuation: \$4,286,622.00 |   | Zoning District: PMIX  |  |  |
| Residential Area:  |  |   |  |  |  |
| Commercial Area  |  | 68035 sq. ft.   |  |  |  |
| Issued By:   |  | Date: Aug 05, 2019  |  |  |  |
| THIS PERMIT IS ISSUED IN RELIANCE UP<br>SUSPEND OR REVOKE WHENEVER THE<br>SUPPLIED, OR IN VIOLATION OF ANY AD  | PERMIT IS ISSUED IN  | ERROR, OR ON THE B  | ASIS OF INCORRECT INFORMATION  |  |  |
| NOTICE: THE DISPOSAL OF DEMOLITION CHAPTER 260 RSMO. SUCH WASTE, IN DEMOLITION LANDFILL OR A SANITARY  | TYPES AND QUANTIT  | TES ESTABLISHED BY T  | ENT OF NATURAL RESOURCES UNDER<br>HE DEPARTMENT, SHALL BE TAKEN TO A         |  |  |
|  | CON  | DITIONS   |  |  |  |
| One or more divisions have conditions that have not been addressed during the review period. The outstanding conditions provided below shall be met as indicated during the construction period. |  |   |  |  |  |
| Licensed Contractors   |  |   |  |  |  |
| Building Plan Review   |  |   |  |  |  |
| Fire Plan Review   |  |   |  |  |  |

| Signature of |               |  |
|--------------|---------------|--|
| Applicant:   | Date:         |  |
| Print name:  | Company Name: |  |