



## DEVELOPMENT SERVICES

<b>Building Permit - Residential</b> <b>Project Title:</b> <b>Work Desc:</b> REPAIR REPLACE UPGRADE	<b>Permit No:</b> PRRES20192690 <b>Date Issued:</b> September 19, 2019
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<b>Project Address:</b> 4050 SE DOC HENRY RD, LEES SUMMIT, MO 64082  <b>Legal Description:</b> RNG-31 TWP-47 SEC-32 S 335' OF SE 1/4 OF TH NE 1/4  <b>Parcel No:</b> 70800010102200000  <b>County:</b> JACKSON	<b>Permit Holder:</b> FIVE STAR PLUMBING INC P O BOX 452 BLUE SPRINGS, MO 64013
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<b>Activities Included for this Project:</b> zRepair/Replace/Upgrade, Gas Permit Residential, Plumbing Permit Residential,
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<b>Construction Type:</b>	<b>Occupancy:</b> <b>Valuation:</b> \$1,200.00	<b>Zoning District:</b> AG
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<b>Residential Area:</b>	
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<b>Commercial Area</b>	sq. ft.
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<b>Issued By:</b> _____ SC _____	<b>Date:</b> Sep 19, 2019
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<p>THIS PERMIT IS ISSUED IN RELIANCE UPON INFORMATION SUBMITTED BY THE APPLICANT. THE BUILDING OFFICIAL MAY SUSPEND OR REVOKE WHENEVER THE PERMIT IS ISSUED IN ERROR, OR ON THE BASIS OF INCORRECT INFORMATION SUPPLIED, OR IN VIOLATION OF ANY ADOPTED CODE, CITY ORDINANCE OR REGULATIONS.</p> <p>NOTICE: THE DISPOSAL OF DEMOLITION WASTE IS REGULATED BY THE DEPARTMENT OF NATURAL RESOURCES UNDER CHAPTER 260 RSMO. SUCH WASTE, IN TYPES AND QUANTITIES ESTABLISHED BY THE DEPARTMENT, SHALL BE TAKEN TO A DEMOLITION LANDFILL OR A SANITARY LANDFILL FOR DISPOSAL.</p>
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## CONDITIONS

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.

Plot Plan Review
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Signature of Applicant: _____	Date: ____ Sep 19, 2019 _____
Print name: _____	Company Name: ____ FIVE STAR PLUMBING INC _____

