



DEVELOPMENT SERVICES

Building Permit - Residential Project Title: Work Desc: NEW SINGLE FAMILY	Permit No: PRRES20192660 Date Issued: September 30, 2019
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Project Address: 1533 SW ARBOR FALLS DR, LEES SUMMIT, MO 64082 Legal Description: HAWTHORN RIDGE 1ST PLAT, LOTS 1 THRU 100, INCLUSIVE AND TRACTS A, B, C, D & E---LOT 41 Parcel No: 69620080800000000 County: JACKSON	Permit Holder: SUMMIT HOMES 120 SE 30TH ST LEES SUMMIT, MO 64082
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Activities Included for this Project: zNew Single Family, Right of Way, License Tax, License Tax Credit, Deck - Covered Residential, Driveway Permit,

Construction Type: Type VB (Unprotected)	Occupancy: RESIDENTIAL, ONE- AND TWO-FAMILY Valuation: \$401,485.60	Zoning District: PMIX
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Residential Area: Residential, Living Area Residential, Un-Finished basements Residential, garage Residential, Living Area 2	1381 1246 636 1416
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Commercial Area	2797 sq. ft.
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Issued By: _____ DME _____	Date: Sep 30, 2019
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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. 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.

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

- 1 A as-graded plot plan per Section 7-160, Code of Ordinances, is required prior to occupancy.

ADD "AS-GRADED PLOT PLAN PRIOR TO SODDING" TO PLOT PLAN.

2 Minimum Building Opening Elevation (MBOE) and location on structure must be provided on the plot plan.

***ON THE REAR SOUTHWEST CORNER OF THE LOT THE MBOE IS NOT MATCHING UP PLEASE VERIFY. ***

Residential Plan Review

Planning Review (RES)

Signature of
Applicant: _____

Date: _____9-30-19_____

Print name: _____

Company Name: _____SUMMIT HOMES_____