



## DEVELOPMENT SERVICES

<b>Building Permit - Residential</b> <b>Project Title:</b> <b>Work Desc:</b> NEW SINGLE FAMILY	<b>Permit No:</b> PRRES20193105 <b>Date Issued:</b> November 19, 2019
--	--

<b>Project Address:</b> 1505 SW GEORGETOWN DRIVE, LEES SUMMIT, MO 64082  <b>Legal Description:</b> THE RESERVE AT STONEY CREEK 3RD PLAT LOTS 60-110 & TRACTS L-N - LOT 66  <b>Parcel No:</b> 203994  <b>County:</b> JACKSON	<b>Permit Holder:</b> SUMMIT HOMES 120 SE 30TH ST LEES SUMMIT, MO 64082
---	--

<b>Activities Included for this Project:</b> zNew Single Family, Right of Way, License Tax, License Tax Credit, Deck - Covered Residential, Sidewalk Permit,
---

<b>Construction Type:</b> Type VB (Unprotected)	<b>Occupancy:</b> RESIDENTIAL, ONE- AND TWO-FAMILY <b>Valuation:</b> \$386,333.65	<b>Zoning District:</b> R-1
--	---	-----------------------------

<b>Residential Area:</b> Residential, Living Area 2 Residential, Living Area Residential, Un-Finished basements Residential, garage	1438 1230 1138 699
---	-----------------------------

<b>Commercial Area</b>	2668 sq. ft.
------------------------	--------------

<b>Issued By:</b> _____ SC _____	<b>Date:</b> Nov 19, 2019
----------------------------------	---------------------------

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
------------------

Residential Plan Review
-------------------------

Signature of

Applicant: \_\_\_\_\_

Date: \_\_Nov 19, 2019\_\_\_\_\_

Print name: \_\_\_\_\_

Company Name: SUMMIT