



## DEVELOPMENT SERVICES

<b>Building Permit - Residential</b> <b>Project Title:</b> <b>Work Desc:</b> NEW SINGLE FAMILY	<b>Permit No:</b> PRRES20193519 <b>Date Issued:</b> December 20, 2019
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<b>Project Address:</b> 1504 SW GEORGETOWN DR, LEES SUMMIT, MO 64082  <b>Legal Description:</b> THE RESERVE AT STONEY CREEK 3RD PLAT LOTS 60-110 & TRACTS L-N --- LOT 81  <b>Parcel No:</b> 204036  <b>County:</b> JACKSON	<b>Permit Holder:</b> SUMMIT HOMES 120 SE 30TH ST LEES SUMMIT, MO 64082
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<b>Activities Included for this Project:</b> zNew Single Family, Right of Way, License Tax, License Tax Credit, Deck - Covered Residential, Driveway Permit, Sidewalk Permit,
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<b>Construction Type:</b> Type VB (Unprotected)	<b>Occupancy:</b> RESIDENTIAL, ONE- AND TWO-FAMILY <b>Valuation:</b> \$369,022.67	<b>Zoning District:</b> R-1
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<b>Residential Area:</b> Residential, Living Area 2 Residential, Decks Residential, Living Area Residential, Un-Finished basements Residential, garage	1276 193 1266 1089 620
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<b>Commercial Area</b>	2542 sq. ft.
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<b>Issued By:</b> _____	<b>Date:</b> Dec 20, 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.
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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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1      Property boundary distances and bearings, as shown on the recorded plat, must be provided on the plot plan.

ON NORTH SIDE BEARING ISN'T CORRECT

ON EAST SIDE DISTANCE ISN'T CORRECT

ON SOUTH SIDE BEARING DOESN'T APPEAR CORRECT

Residential Plan Review
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Signature of
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Applicant: _____
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Date: _____
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Print name: _____
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Company Name: _____
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