



## DEVELOPMENT SERVICES

<b>Building Permit - Residential</b> <b>Project Title:</b> <b>Work Desc:</b> NEW SINGLE FAMILY	<b>Permit No:</b> PRRES20200162 <b>Date Issued:</b> February 04, 2020
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<b>Project Address:</b> 1709 SW 27TH ST, LEES SUMMIT, MO 64082  <b>Legal Description:</b> WHISPERING WOODS FIRST PLAT --- LOT 29  <b>Parcel No:</b> 208760  <b>County:</b> JACKSON	<b>Permit Holder:</b> D AND D BUILDING INC PO BOX 7014 LEES SUMMIT, MO 64064
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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, Sidewalk Permit,
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<b>Construction Type:</b> Type VB (Unprotected)	<b>Occupancy:</b> RESIDENTIAL, ONE- AND TWO-FAMILY <b>Valuation:</b> \$342,904.26	<b>Zoning District:</b> R-1
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<b>Residential Area:</b> Residential, Living Area Residential, Un-Finished basements Residential, Finished basements Residential, Decks Residential, garage	1976 714 1092 168 864
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<b>Commercial Area</b>	3068 sq. ft.
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<b>Issued By:</b> _____	<b>Date:</b> Feb 04, 2020
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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.

Residential Plan Review
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Plot Plan Review

1 The legal description, including plat or phase number and lot number, and street address must be provided on the plot plan.

Incorrect street address

2 Pool will need to be approved through seperate permit. Remove from plot plan.

Signature of  
Applicant:

\_\_\_\_\_

Date: \_\_\_\_\_

Print name:

\_\_\_\_\_

Company Name: \_\_\_\_\_