



## DEVELOPMENT SERVICES

<b>Building Permit - Residential</b> <b>Project Title:</b> <b>Work Desc:</b> REPAIR REPLACE UPGRADE	<b>Permit No:</b> PRRES20201156 <b>Date Issued:</b> May 07, 2020
---	---

<b>Project Address:</b> 713 NW BLACK TWIG LN, LEES SUMMIT, MO 64081  <b>Legal Description:</b> COOL ACRES BEG SE COR LT 3, TH N 40' TH N 51 DEG W 530' M TH SLY ALG CHIP-MAN RD 155' M TH S 52 DEG E 425' TH E 174' TO POB.  <b>Parcel No:</b> 51800046300000000  <b>County:</b> JACKSON	<b>Permit Holder:</b> PLUMBING PLUS INC 13117 S 71 HWY GRANDVIEW, MO 64030
---	---

<b>Activities Included for this Project:</b> zRepair/Replace/Upgrade, Sewer Service Permit,
--

<b>Construction Type:</b> Not Applicable	<b>Occupancy:</b> <b>Valuation:</b> \$12,825.00	<b>Zoning District:</b> R-1
--	--	-----------------------------

<b>Residential Area:</b>	
--------------------------	--

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

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.

Signature of Applicant: _____	Date: _____ 5-7-2020 _____
Print name: _____	Company Name: ____ PLUMBING PLUS _____