



## DEVELOPMENT SERVICES

<b>Building Permit - Commercial</b> <b>Project Title:</b> SAINT LUKES EAST - MRI REPLACEMENT <b>Work Desc:</b> ALTERATION COMMERCIAL	<b>Permit No:</b> PRCOM20202038 <b>Date Issued:</b> August 06, 2020
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<b>Project Address:</b> 80 NE SAINT LUKES BLVD, LEES SUMMIT, MO 64086  <b>Legal Description:</b> SAINT LUKES HOSPITAL OF LEES SUMMIT LOTS 1 & 2---LOT 1  <b>Parcel No:</b> 52440044000000000  <b>County:</b> JACKSON	<b>Permit Holder:</b> LYTLE CONSTRUCTION INC 1100 SE HAMBLE RD LEES SUMMIT, MO 64081
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<b>Activities Included for this Project:</b> zAlteration Commercial, License Tax, License Tax Credit, Fire Rated Assemblies Permit, Sprinkler Permit, Alarm Permit, Electrical Permit Commercial, Mechanical Permit Commercial, Plumbing Permit Commercial,
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<b>Construction Type:</b> Type IA	<b>Occupancy:</b> BUSINESS <b>Valuation:</b> \$485,000.00	<b>Zoning District:</b> CP-2
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<b>Residential Area:</b>	
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<b>Commercial Area</b>	sq. ft.
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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.

Signature of Applicant: _____	Date: _____
Print name: _____	Company Name: _____