

## FIRE DEPARTMENT

## NOTIFICATIONS/CONTACT INFORMATION SECTION

PAGE 1								
☐ CHANGES								
BUSINESS NAME	ROSS DRESS F	OR LESS						
ADDRESS	480 NW CHIF	MAN RD, LE	ES SUM	MIT, MO 640	86			
OWNER/OPERATOR NAME	Beam Team	Construction,	Inc.:		TELEPHO	) NI I	<no primary<br="">PHONE&gt;</no>	
ADDRESS	ntess 1350 Bluegrass Lakes Parkway Alpharetta, GA 30004 Primary: <no phone="" primary=""> Cell: <no cell="" phone=""></no></no>							
		EMERGENC	Y CONT	ACT INFORM	MATION			
NAME	AME TELEPHONE							
1								
2.								
3.								
4.								
		LOS	S REDUC	CTION TYPE				
☐ Occupancy ☐ Semi-Annual ☐ Annual ☐ I			Life	Safety	☐ Sprinkler ☐		Hazardous Material Permit	
☐ Complaint ☐ Exp	losive Storage	☐ UST	☐ Pos	t-Incident	☐ Open Burnin	g $\square$	Other	
CLASS:	Мар#:	PFA#:	KNOX E	BOX:	KNOX LOCATION:		PERMIT #	
		LOSS R	EDUCTION	ON NARRAT	IVE			
☐ NO VIOLATIONS NOTED ☐ ALL VIOLATIONS RESOLVED								
Last Inspection 1st Inspection 2nd Inspecti			Inspection					
INSPECTION INSPECTOR				OUTCOME DATE				
Occupancy Inspection - Fire Michael Weissenbach			bach	Passed Thursday, February 11, 2021				
DATE OF REPORT INSPECTOR			PREVENTION FOLLOW-UP REQUIRED?			RESPONSIBLE SIGNATURE		