



LEE'S SUMMIT MISSOURI

DEMOLITION PERMIT APPLICATION						
TYPE	Commercial	<input checked="" type="checkbox"/>	Residential	<input type="checkbox"/>	Other	<input type="checkbox"/>
	Commercial Partial	<input type="checkbox"/>	Residential Partial	<input type="checkbox"/>		
DESCRIPTION OF WORK <small>(attach additional pages if necessary)</small>	The building has an overhang with a wood shake roof, which has prevented us from putting a sign on the front of our building. So we would like to remove to be able place sign on flat area above windows. We would be using C-R Electrical, LLC for any electrical removal. Contact for them is Randy Redford, 816-405-8851.					
PROJECT INFORMATION	Most recent use of the structure:	Outside over hang	Plans being submitted:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
	Square feet of the structure/area being demolished:	501	Private disposal system being removed:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
	Number of living units being demolished:	0	Underground fuel storage tanks being removed:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
	Number of stories:	1	Estimated cost of demolition:	Doing our selves		
	Will a crane be utilized in the demolition work:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
PROJECT LOCATION AND OWNER	Project Address:	413 SE Oldham Pkwy				
	Name:	Midwest Tinting, Inc.	Phone #:	913-208-8063		
	Address:	413 SE Oldham Pkwy	Email:	ron@midwesttinting.com		
APPLICANT (if different)	Business Name:			Phone #:		
	Contact Name:			Email:		
	Address:			State:		
	City:			Zip Code:		
CONTRACTOR (if different)	Business Name:			Phone #:		
	Contact Name:			Email:		
	Address:			State:		
	City:			Zip Code:		
UTILITY DISCONNECTS (required for full demolition)	Spire Gas Approval:	Call 1-314-621-6960 for information.		Received by City Staff	<input type="checkbox"/>	
	Every Elec. Approval:	Call 1-888-471-5275 for information.		Received by City Staff	<input type="checkbox"/>	
	Water Approval:	City of Lee's Summit Water Department 816-969-1900		Received by City Staff	<input type="checkbox"/>	
	Sanitary Approval:			Received by City Staff	<input type="checkbox"/>	

PERMIT REQUIREMENTS	<ul style="list-style-type: none"> • The demolition of structures or buildings, partial or complete, shall require a demolition permit. The removal of one-story detached accessory structures used as tool and storage sheds, playhouses, and similar uses, provided the floor area does not exceed one hundred twenty (120) square feet does not require a demolition permit. • When requested by the Building Official, the applicant shall provide; a structural engineers report that describes the methods of demolition including all necessary shoring; plans and information necessary to determine no hazards will be created that endanger the occupants, adjoining properties or general public. • Gas and electric services must be properly abandoned and approved by the appropriate utility company prior to issuance of a permit for complete removal of a structure. Appropriate documentation from the electrical and gas companies documenting proper abandonment. • Water and sanitary services must be abandoned by the Water Utilities Department prior to issuance of a permit for complete removal of a structure. Contact Water Utilites at 816-969-1900 for additional information. • A right-of-way permit and possibly a traffic control permit are required for work located in the row-of-way. Contact the Public Works Department at 816-969-1800 for more information and permit requirements and issuance. • Applicant shall furnish a certificate of liability insurance for personal and property damage in a minimum amount of one hundred thousand dollars (\$100,000) injury each person, three hundred thousand dollars (\$300,000) each occurrence, and fifty thousand dollars (\$50,000) property damage.
INSPECTIONS	<ul style="list-style-type: none"> • Private disposal systems - The removal of private sanitary waste systems is regulated by the Department of Public Works, Jackson County Planning and Environmental Health. Please contact them at 816-881-4515 for further information. • Contact the City of Lee's Summit Fire Department, 816-969-1300, PRIOR to removal of any underground fuel storage • Demolition waste and the abatement of hazardous materials is regulated by the Missouri Department of Natural Resources. For information regarding demolition waste regulations contact the Hazardous Waste Program at 573-751-3176. For information regarding asbestos contact Air Pollution Control at 573-751-4817. Additional information can also be found at: http://dnr.mo.gov/env/cdwaste.htm • Burning of demolition waste of any kind is not allowed in the City of Lee's Summit. • The applicant shall remove all rubbish and materials and fill excavations to existing grade so that the premises are left in a safe and sanitary condition and can be maintained in accordance with the Property Maintenance Code within twenty-eight • A final inspection shall be scheduled after all work required by the demolition permit has been competed • Permits issued for demolition work shall be valid for a maximum duration of sixty (60) days.
OFFICE USE	

AFFIDAVIT: I hereby certify that I have the authority to make the foregoing application, and that the application, to the best of my knowledge, is complete, correct, and that the permitted demolition will conform to the regulations in the Codes adopted by the City of Lee's Summit and all applicable ordinances.


Signature of Owner or Authorized Agent

Ron Talley
Printed Name of Applicant

2-9-21
Date of Application



Revised November 11, 2019



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/20/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Miller & Associates Inc 107 S MUR LEN RD OLATHE KS 66062		CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS:																						
INSURED MIDWEST TINTING INC 7755 SHAWNEE MISSION PKWY OVERLAND PARK KS 66202-3062		<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A:</td> <td>AMCO INSURANCE COMPANY</td> <td>19100</td> </tr> <tr> <td>INSURER B:</td> <td>DEPOSITORS INSURANCE COMPANY</td> <td>42587</td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	AMCO INSURANCE COMPANY	19100	INSURER B:	DEPOSITORS INSURANCE COMPANY	42587	INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			ACP GLAO 2623317531	05/26/2020	05/26/2021	EACH OCCURRENCE	\$ 1,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							MED EXP (Any one person)	\$ 5,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY	\$ 1,000,000	
	OTHER:						GENERAL AGGREGATE	\$ 2,000,000	
							PRODUCTS - COMP/OP AGG	\$ 2,000,000	
								\$	
B	AUTOMOBILE LIABILITY			ACP BAPD 2623317531	05/26/2020	05/26/2021	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$	
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
								\$	
A	<input checked="" type="checkbox"/> UMBRELLA LIAB			ACP CAA 2623317531	05/26/2020	05/26/2021	EACH OCCURRENCE	\$ 5,000,000	
	<input checked="" type="checkbox"/> EXCESS LIAB						AGGREGATE	\$ 5,000,000	
	DED	RETENTION \$						\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE	OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / <input type="checkbox"/> N	N / A				E.L. EACH ACCIDENT	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$	
							E.L. DISEASE - POLICY LIMIT	\$	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Waiver of subrogation is automatically provided where required by written contract per form AC7005 for auto protection coverage. Additional insured status is automatically provided where required by written contract per form AC7005 for auto protection coverage. Certificate holder is the Named Insured.

CERTIFICATE HOLDER**CANCELLATION**

MIDWEST TINTING INC 7755 SHAWNEE MISSION PKWY OVERLAND PARK KS 66202-3062	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Lawrence Greene
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