

PERMIT APPLICATION (COMMERCIAL BUILDINGS/TENANT FINISH)

Revised 01/27/15

APPLICANT, PLEASE COMPLETE ALL OF THE FOLLOWING INFORMATION (PLEASE PRINT):

1) Project Name: Shake Shack (#1348)			
2)) Project Address: 2051 NW Lowenstein Drive Lee's Summit, Missouri 64081		
	Scope of Work (New Bldg., Bldg. Addition, Tenant Finish, etc): New Building		
	Number of Submitted Plans: 1 Specs: 2 Struct Calcs: Soils Rpts: 1		
	Additional information submitted:		
5)	Final Development Plan Tracking Number: PL2021022 Date Applied For: 01/19/2021		
PL	EASE LIST ADDRESS TO WHICH CODES ADMINISTRATION IS TO SEND PLAN REVIEW COMMENTS:		
6)	Applicant's Name: Shake Shack Missouri LLC		
	Primary Contact: Claudia Jessen Phone: 347-573-1940 Email: permits@shakeshack.com		
	On-site Contact:Phone: Email:		
	Address: 225 Varick Street Suite 301		
	City, St., Zip: New York, NY 10014		
7)	Design Professional in Responsible Charge: Christina Sandore		
	Company Name: Bergmeyer Associates Inc.		
	Address: 51 Sleeper Street, Suite 600		
	City, St., Zip: Boston MA 02210		
	Phone Number: <u>781-632-5264</u> Fax Number:		
	E-mail: _csandore@bergmeyer.com		

COMMERCIAL BUILDING PERMITS WILL ONLY BE ISSUED TO COMPANYIES LICENSED IN THE CITY OF LEE'S SUMMIT AS A MINIMUM OF A CLASS B GENERAL CONTRACTOR.

ALL PLANS MUST BE DRAWN TO SCALE AND BEAR THE SEAL OF AN ARCHITECT/ENGINEER REGISTERED IN THE STATE OF MISSOURI. PARTIAL PERMIT FEES SHALL BE DETERMINED AS SEPARATE PERMIT FEES. DIVIDING A JOB INTO TWO OR MORE PARTIAL PERMITS WILL RESULT IN HIGHER TOTAL PERMIT FEES THAN ONE FULL PERMIT. RESUBMITTAL PLANS REVIEW FEES MAY BE DUE WHEN PREVIOUSLY IDENTIFIED DEFICIENCIES REMAIN UNCORRECTED ON SUBSEQUENT SUBMITTALS.

Project Valuation				
Total Project Valuation (Plus Mech, Plbg, Elec, Sprklr, Etc., Excluding Site Improvements and property):*				
\$ 1.4M				
*PROVIDE SEPARATE TOTAL PROJECT AND BUILDING VALUATIONS. IF THE PROJECT CONTAINS SEPARATE BUILDINGS, PERMIT FEES SHALL BE CALCULATED SEPARATELY FOR EACH BUILDING.				
boildings, Periviti FEES SHALL BE CALCULATED SEPARATELY FOR EACH BOILDING.				
Tenant Information:				
Dravide a description of the prepared use for the space. Indicate the nature of the business and the tune				
Provide a description of the proposed use for the space. Indicate the nature of the business and the type of daily activities to be performed. Indicate the type of materials to be stored in type S occupancies and how they will be stored. If this is a spec building, indicate the type of tenants anticipated.				
This project is a stand-alone, single-story new construction quick service restaurant with a drive-through.				
The intended use group is A-2 and the building will be fully sprinklered. The program includes an indoor				
dining area, outdoor dining area, kitchen, restrooms and back of house area for employees.				
Special Inspections:				
List applicable types of work which require Special Inspection per the International Building Code,				
Chapter 17.				
[x] Placement of Reinforced Concrete				
[X] Testing of Reinforced Concrete				
[x] Placement of Reinforced Steel				
[] Prestressing Concrete				
[x] Bolts installed in Concrete				
[x] Verification of Soils				
[x] Excavation and Filling				
[] Drilled Piers or Piles				
[] Earth Retaining Structure				
[] Inspection of Precast Fabricator				
[] Erection of Precast Concrete				
[X] Structural Welding				
[X] High Strength Bolting				
[x] Steel Frame Inspection				
[x] Inspection of Structural Steel Fabricator				
[] Inspection of Metal Building Fabricator				
[] Sprayed Fire Resistant Materials				
[] Structural Masonry				
[] EIFS Insulation/Finish System				
[] Smoke Control System				
[] Seismic Resistance				
[] Other				
Defermed authoriteday				
Deferred submittals:				
[] Truss design package				
[] Metal building design package				
[] Precast concrete design package				
[] Fire suppression system design package [] Fire alarm system design package				
[] The dialin system design package				

[] Other:submittal items.	, please include a copy of prior approval of any other deferred
submittal items.	
Jackson County Departm Lee's Summit. The health the City of Lee's Summ	Il and/or serve food: her sell or serve food are required to submit a separate permit application to the ent of Public Works as they currently serve as the health officer for the City of a officer must approve the projects plans prior to issuance of a building permit by it. Contact the Department of Public Works at 816-881-4530 for additional numents and plans shall be submitted directly to the Jackson County Department
Clean Indoor Air Ordinan	ice:
places and places of em Smoking" symbol (consis be clearly and conspicut owns, manages, operate	has an ordinance which prohibits smoking in virtually all enclosed areas of public apployment. Per the ordinance, a "No Smoking" sign or the international "No ting of a burning cigarette enclosed in a red circle with a red bar across it) shall ously posted at every entrance where smoking is prohibited. The person who is or otherwise controls a public place or place of employment is responsible for an Indoor Air Act. Questions regarding the Clean Indoor Air Act may be directed at (816) 969-1200.
Crime Prevention Throug	gh Environmental Design (CPTED):
been determined with a	been classified as "Uses with Conditions" per Article 9 of this Chapter, having tendency toward an increased risk of crime,. Specific conditions for such uses are all be required to be met prior to receiving any zoning approval, business license y commercial space.
Bank/Financial Serv	ices
Bank Drive-Thru Fac	cility
Check Cashing and I	Payday Loan Business
Convenience Store ((C-Store)
Financial Services w	ith Drive-up Window or Drive-Thru Facility
Pawn Shop	
Title Loan Business,	if performing on site cash transactions with \$500 or more in cash on hand
Unattended self-ser	ve gas pumps
Unsecured Loan Bus	siness
Other similar uses s	hall meet the same standards as the above
•	listed above, compliance with the design requirements found in Article 9 of the dinance will need to be shown on the submitted plans.
<u>Subcontractors</u>	
Provide the name of the	subcontractors performing the work in the following areas.
Mechanical	
■ Plumbing	

I hereby certify that I have completed this application to identify the requirements for the specific project being submitted		
for plans review in order to expedite the review process. This submittal is complete for review of the scope of work as		
described herein and I further understand that omissions of required information will result in delays in the plans review		
process.		
Certified by: Date: _0		
Certified by: Date:0	2/11/2021	
Print name: Matthew Hyatt State Reg	istration Number: <u>A-2019024835</u>	

Additional Information

For information on plan submittal requirements and the plan review process please refer to the Commercial Permit Plan Submittal Guidelines document. If you have any additional questions please contact Development Services Department at (816) 969-1200, Monday through Friday between 8:00am and 5:00pm. Contact the Fire Department at (816) 969-1300 regarding hazardous material application requirements.