



Business License Application

220 SE Green Street
Lee's Summit, MO 64063
Phone 816.969.1220 / Fax 816.969.1221 / www.cityofls.net

PLEASE NOTIFY US IF YOU DISCONTINUE YOUR BUSINESS.

Date **2/20/21**
MM DD YY

New Business (Y/N) Y

In business since 2011

Ashlan Homes, LLC

Common/Preferred Name of Business (DBA)

Legal Name of Business (if different than DBA)

Physical Business Address:

2800 New Hunter Dr.

Address

Blue Springs

City

MO

State

64013

Zip

(816) 228-1188

Business Address Phone #

(816) 365-8814

Cell #

(816) 228-8566

Fax #

Shawn@ashlanhomeskc.com

Email

Mailing Address: (if different from Physical Address)

Contact Name for Mailing Address: _____

☐ DBA ☐ Legal Name ☐ Other _____

Address

City

State

Zip

() _____
Mailing Address Phone #

() _____
Cell #

() _____
Fax #

Email

Contacts:

■ Primary Contact: Shawn Woods

Name

Owner/President

Title (Owner/Corp. Agent/Applicant)

2800 New Hunter Dr.

Address

Blue Springs

City

MO

State

64015

Zip

(816) 228-1188

Phone #

(816) 365-8814

Cell #

(816) 228-8566

Fax #

Shawn@ashlanhomeskc.com

Email

Date of Birth 12/23/74
MM DD YY

Driver's License # _____

MO
State Issued

■ Secondary Contact: _____

Name

Title (Owner/Corp. Agent/Applicant)

() _____
Phone #

() _____
Cell #

() _____
Fax #

Email

Type of Organization (check one): ☐ Individual ☐ Partnership ☐ Corporation ☒ LLC ☐ Other _____

Please complete this section if your business is physically located in Lee's Summit.

Check if applicable: This is a change in ☐ business name ☐ business ownership ☐ physical business address

Is business located in a Lee's Summit commercial area N / Y (if Y please complete a **Commercial Zoning Approval form**)

Is business located in a Lee's Summit residence? N / Y (if Y please complete a **Home Occupation Zoning Approval form**)

Do you have an intrusion alarm? N / Y (if Y please complete an **Alarm User Registration** application)

Total Building Square Footage _____ Missouri State Sales Tax Number _____

All applicants who make retail sales must submit a Missouri Department of Revenue Statement of No Tax Due with a date of issuance not more than 90 days before date of business license application/renewal. MDR can be reached at 573.751.9268.

Employee Headcount for this location: _____ Full Time _____ Part Time _____ Temporary _____

Please provide a general description or scope of work for your business (i.e. electrical contractor, doctor, retail store, etc.):

(continued on next page)

1. Select Business License Category or NAICS code that best describes your business (choose one that applies)

Category	NAICS Code	Category	NAICS Code
<input type="checkbox"/> Animal Services	81	<input type="checkbox"/> Massage Therapy Establishment	81
<input type="checkbox"/> Automobile Body/Repair Shop/Car Wash	81	<input type="checkbox"/> Motel/Hotel indicate # of rooms _____	72
<input type="checkbox"/> Automobile Sales	81	<input type="checkbox"/> Nursery, Greenhouse	44-45
<input type="checkbox"/> Bail Bondsperson	81	<input type="checkbox"/> Pay Day/Title Loan	52
<input type="checkbox"/> Bank, Credit Union, Finance Company	52	<input type="checkbox"/> Precious Metal Dealer/Pawnbroker	81
<input checked="" type="checkbox"/> Contractor - Class A, B, C, or D	23	<input type="checkbox"/> Real Estate Rental and Leasing	53
<input type="checkbox"/> Contractor - Other	23	<input type="checkbox"/> Recreation Business - Indoor/Outdoor	71
<input type="checkbox"/> Day Care Provider - General (7-12)	81	<input type="checkbox"/> Rental and Leasing	53
<input type="checkbox"/> Day Care Provider - Limited (1-6)	81	<input type="checkbox"/> Restaurant and Food Service	72
<input type="checkbox"/> Drinking Establishment	72	<input type="checkbox"/> Retail	44-45
<input type="checkbox"/> Funeral Home	81	<input type="checkbox"/> School, for profit	61
<input type="checkbox"/> Gas Service Station & Convenience Store	81	<input type="checkbox"/> Service Provider	81
<input type="checkbox"/> Grocers	44-45	<input type="checkbox"/> Service Provider with Retail Sales	44-45 or 81
<input type="checkbox"/> Hospital, Nursing Home, Retirement Home, Health	62	<input type="checkbox"/> Special Event	71
<input type="checkbox"/> Insurance	52	<input type="checkbox"/> Telephone Call Center	81
<input type="checkbox"/> IT Services	54	<input type="checkbox"/> Tow Service Provider	81
<input type="checkbox"/> Landscaping-Mowing-Tree Trimmer	81	<input type="checkbox"/> Transportation - Bus/Taxi/Limo/Rental Car	48-49
<input type="checkbox"/> Liquor Store	44-45	<input type="checkbox"/> Vending Machine	81
<input type="checkbox"/> Manufacturing	31-33	<input type="checkbox"/> Waste Management and Recycling Services	56
<input type="checkbox"/> Massage Therapist (may/may not own business)	81	<input type="checkbox"/> Wholesale Sales	42

2. The City may convert to e-billing in the future for some business types. Will you opt-in to the e-billing program?

☒ Yes - Business/Billing Email Address: invoices@ashlarhomeskc.com ☐ No

3. Lee's Summit locations: Who would be able to provide access to your building for City Emergency personnel?

Print names in order of preference to call first:

a. Name _____ Tel # () _____ Alternate Tel # () _____
b. Name _____ Tel # () _____ Alternate Tel # () _____
c. Name _____ Tel # () _____ Alternate Tel # () _____

CONTRACTOR LICENSING INFORMATION

Contractors - please complete this section

Please select type of contractor license requested - \$25.00 annual contractor license fee for each Class

- ☐ Class A - General Contractor: construct, remodel, demolish, repair any structure
☒ Class B - Building Contractor: construct, remodel, demolish, repair all structures not exceeding 3 stories in height
☐ Class C - Residential Contractor: construct, remodel, demolish, repair any single family, duplex or townhouse structure
☐ Class D - Mechanical Contractor: perform mechanical (HVAC) services
☐ Class D - Electrical Contractor: perform electrical services
☐ Class D - Plumbing Contractor: perform plumbing services
☐ Please provide name of licensed representative (master) to be licensed SHAWN WOODS

Phone # (816) 228-1188

Email SHAWN@ashlarhomeskc.com

Cell # (816) 305-8814

☐ If renewal - provide 8 hours of CEU (please provide documentation of completion) or include optional in lieu of CEU fee of \$100.00 per license classification

FEE CALCULATION (please check those that apply):

- ☒ \$50 Business License Fee
☒ \$25 Contractor License Fee (\$25 for each license classification ie: Mechanical & Plumbing = \$50)
☐ \$100 Contractor fee in lieu of completion of 8 hours of annual continuing education (CEU) for each license classification

____ Penalty for delinquent license is 5% per month not to exceed 25%

____ Total fee

I declare under penalty of perjury that to the best of my knowledge and belief the statements made herein are true and correct.

Signature of Owner(s) or Corporation Agent/Owner

Title

Date

2/20/21

The filing of this application or the granting of a business license neither confirms nor approves the use of land as regulated under the provisions of the zoning code, and is further subject to all applicable federal, state and local laws and regulations which apply to specific occupations and businesses. Payment by Check - make check payable to City of Lee's Summit.

FOR OFFICE USE ONLY - License Effective from ____/____/____ to ____/____/____ Fee Remitted _____ License # _____



LEE'S SUMMIT MISSOURI

PERMIT APPLICATION (COMMERCIAL BUILDINGS/TENANT FINISH)

Revised 01/27/15

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

- 1) Project Name: ALLSTATE CONSULTANTS, LLC - Partition Wall
- 2) Project Address: 410 SE 3rd Street - Building C - Suite 102/103
- 3) Scope of Work (New Bldg., Bldg. Addition, Tenant Finish, etc): Tenant Finish
- 4) Number of Submitted Plans: 1 Specs: N/A Struct Calcs: N/A Soils Rpts: N/A
Additional information submitted: _____
- 5) Final Development Plan Tracking Number: 61-230-31-03-00-0-00-000 Date Applied For: 2/19/21

PLEASE LIST ADDRESS TO WHICH CODES ADMINISTRATION IS TO SEND PLAN REVIEW COMMENTS:

- 6) Applicant's Name: ASHLAR HOMES LLC (GENERAL CONTRACTOR) & RHOADES REAL ESTATE, LLC - (OWNER)
Primary Contact: JEFF RHOADES Phone: 630-605-8397 Email: JEFF.RHOADES@COMCAST.NET
On-site Contact: JEFF RHOADES Phone: 630-605-8397 Email: JEFF.RHOADES@COMCAST.NET
Address: 2800 NW HUNTER DR
City, St., Zip: BLUE SPRINGS, MO 64015
- 7) Design Professional in Responsible Charge: CHAD SAYRE, PE
Company Name: ALLSTATE CONSULTANTS, LLC - ENGINEER
Address: 3312 LeMone Industrial Blvd.
City, St., Zip: Columbia, MO 65201
Phone Number: (573)875-8799 Fax Number: _____
E-mail: cws@allstateconsultants.net

COMMERCIAL BUILDING PERMITS WILL ONLY BE ISSUED TO COMPANIES 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):*

\$ **12,000.00** _____

*PROVIDE SEPARATE TOTAL PROJECT AND BUILDING VALUATIONS. IF THE PROJECT CONTAINS SEPARATE BUILDINGS, PERMIT FEES SHALL BE CALCULATED SEPARATELY FOR EACH BUILDING.

Tenant Information:

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.

The tenant will be a Civil Engineering Firm performing office tasks and meetings with clients.

Special Inspections:

List applicable types of work which require Special Inspection per the International Building Code, Chapter 17.

- ☐ Placement of Reinforced Concrete
- ☐ Testing of Reinforced Concrete
- ☐ Placement of Reinforced Steel
- ☐ Prestressing Concrete
- ☐ Bolts installed in Concrete
- ☐ Verification of Soils
- ☐ Excavation and Filling
- ☐ Drilled Piers or Piles
- ☐ Earth Retaining Structure
- ☐ Inspection of Precast Fabricator
- ☐ Erection of Precast Concrete
- ☐ Structural Welding
- ☐ High Strength Bolting
- ☐ Steel Frame Inspection
- ☐ 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 _____

Deferred submittals:

- ☐ Truss design package
- ☐ Metal building design package
- ☐ Precast concrete design package
- ☐ Fire suppression system design package
- ☐ Fire alarm system design package

[] Other: N/A, please include a copy of prior approval of any other deferred submittal items.

Establishments which sell and/or serve food:

Establishments which either sell or serve food are required to submit a separate permit application to the Jackson County Department of Public Works as they currently serve as the health officer for the City of Lee's Summit. The health officer must approve the projects plans prior to issuance of a building permit by the City of Lee's Summit. Contact the Department of Public Works at 816-881-4530 for additional information. Project documents and plans shall be submitted directly to the Jackson County Department of Public Works.

Clean Indoor Air Ordinance:

The City of Lees Summit has an ordinance which prohibits smoking in virtually all enclosed areas of public places and places of employment. Per the ordinance, a "No Smoking" sign or the international "No Smoking" symbol (consisting of a burning cigarette enclosed in a red circle with a red bar across it) shall be clearly and conspicuously posted at every entrance where smoking is prohibited. The person who owns, manages, operates or otherwise controls a public place or place of employment is responsible for compliance with the Clean Indoor Air Act. Questions regarding the Clean Indoor Air Act may be directed to Codes Administration at (816) 969-1200.

Crime Prevention Through Environmental Design (CPTED):

The following uses have been classified as "Uses with Conditions" per Article 9 of this Chapter, having been determined with a tendency toward an increased risk of crime,. Specific conditions for such uses are found in Article 9 and shall be required to be met prior to receiving any zoning approval, business license or approval to occupy any commercial space.

Bank/Financial Services

Bank Drive-Thru Facility

Check Cashing and Payday Loan Business

Convenience Store (C-Store)

Financial Services with 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-serve gas pumps

Unsecured Loan Business

Other similar uses shall meet the same standards as the above

If this project is for a use listed above, compliance with the design requirements found in Article 9 of the Unified Development Ordinance will need to be shown on the submitted plans.

Subcontractors

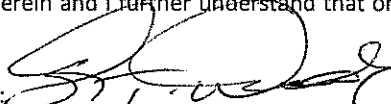
Provide the name of the subcontractors performing the work in the following areas.

- Mechanical Midwest Heating and Air
- Electrical Intrepid Electric - Gary Dendsh - Cell 816-365-8519
- Plumbing N/A

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:

Print name:


SHAWN T. WOODS

Date:

2/20/21

State Registration Number:

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.

JOHNSON COUNTY
KANSAS
Contractor Licensing

2018-6640
ASHLAR HOMES LLC
P.O. Box 399
BLUE SPRINGS, MO 64014

**JOHNSON COUNTY, KANSAS
CONTRACTOR LICENSING PROGRAM**

Hereby grants the following:

**CLASS "B" - BUILDING
2018 CONTRACTOR LICENSE
TO**

ASHLAR HOMES LLC

ISSUED BY:
Contractor Licensing Program
Johnson County, KS
111 South Cherry Street, #1000
Olathe, KS 66061

LICENSE EXPIRES DECEMBER 31, 2018