

FIRE DEPARTMENT

NOTIFICATIONS/CONTACT INFORMATION SECTION

PAGE 1								
☐ CHANGES								
BUSINESS NAME	HY-VEE #2 REM	ODEL						
ADDRESS	310 SW WAR	D RD, LEES S	UMMIT,	MO 64081				
OWNER/OPERATOR NAME	HYVEE CON	STRUCTION L	.C:			TELEPHONI	Ξ ((515) 645-2300
ADDRESS	5605 NE 22N DES MOINES Primary: (515 Cell: <no ce<="" td=""><td>S , IA 50313 6) 645-2300</td><td></td><td></td><td></td><td></td><td></td><td></td></no>	S , IA 50313 6) 645-2300						
		EMERGENCY	CONTAC	CT INFOR	MATIO	ON		
NAME	TELEPHONE							
1								
2.								
3.								
4.								
		LOSS	REDUC1	ION TYPE				
☐ Occupancy ☐ Sen	ni-Annual	☐ Annual [Life S	afety		Sprinkler		Hazardous Material Permit
☐ Complaint ☐ Exp	losive Storage	UST [☐ Post-I	ncident		Open Burning		Other
CLASS: M	Мар#:	PFA#:	KNOX BC	X:	KN	OX LOCATION:		PERMIT#
		LOSS RE	DUCTION	N NARRAT	IVE			
☐ NO VIOLATIONS N	IOTED			ALL VIC	LATI	ONS RESOLV	ED	
Last Inspection	1st Inspection	2nd In	spection	:	3rd Insp	pection	•	4th Inspection
INSPECTION	INSP	ECTOR		OUTCOME		DATE	-	
Alarm Test	Mich	ael Weissenba	ich	Partial		Tuesday,	Ма	rch 09, 2021
Sprinkler - Hydrostatio	: Test Mich	ael Weissenba	ıch	Partial		Tuesday,	Ма	rch 09, 2021
Sprinkler - Flow Test	Mich	ael Weissenba	ıch	Not Reau	iired	Tuesday.	Feb	oruary 02. 2021

Occupancy Inspection - Fire	Michael Weissenbach	Partial Tues	day, March 09, 2021
DATE OF REPORT	INSPECTOR	PREVENTION FOLLOW-UP REQUIRED?	RESPONSIBLE SIGNATURE
March 09, 2021	Michael Weissenbach	☐ Yes ☐ No	