



# 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: \_\_\_\_\_
- 2) Project Address: \_\_\_\_\_
- 3) Scope of Work (New Bldg., Bldg. Addition, Tenant Finish, etc): \_\_\_\_\_
- 4) Number of Submitted Plans: \_\_\_\_\_ Specs: \_\_\_\_\_ Struct Calcs: \_\_\_\_\_ Soils Rpts: \_\_\_\_\_  
Additional information submitted: \_\_\_\_\_
- 5) Final Development Plan Tracking Number: \_\_\_\_\_ Date Applied For: \_\_\_\_\_

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

- 6) Applicant's Name: \_\_\_\_\_  
Primary Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
On-site Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, St., Zip: \_\_\_\_\_
- 7) Design Professional in Responsible Charge: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, St., Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
E-mail: \_\_\_\_\_

**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):\*

\$ \_\_\_\_\_

\*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.

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**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: \_\_\_\_\_, 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 \_\_\_\_\_
- Electrical \_\_\_\_\_
- 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: \_\_\_\_\_  
Print name: \_\_\_\_\_ 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.**