

FIRE DEPARTMENT

NOTIFICATIONS/CONTACT INFORMATION SECTION

PAGE 1								
☐ CHANGES								
BUSINESS NAME	ATHLETICO PH	IYSICAL THERA	PY					
ADDRESS	159 SW M 1	159 SW M 150 HWY, LEES SUMMIT, MO 64082						
OWNER/OPERATOR NAM	ME MUDLOFF (CONSTRUCT	ION LLC:		TELEPHO	ONE	(913) 393-0737	
ADDRESS	1917 E SPRUCE ST OLATHE, KS 66062 Primary: (913) 393-0737 Cell: (913) 207-1226							
		EMERGENC	Y CONTA	CT INFORM	MATION			
NAME	TELEPHONE TELEPHONE							
1.								
2. 3.								
4.								
4.								
		LOS	S REDUC	TION TYPE				
☐ Occupancy ☐ Semi-Annual ☐ Annual ☐ Lif			Life	Safety	I I Shrinkiar I I		Hazardous Material Permit	
☐ Complaint ☐ E	xplosive Storage	UST	☐ Post	-Incident	Open Burnin	ıg 🔲	Other	
CLASS:	Мар#:	PFA#:	KNOX B	OX:	KNOX LOCATION	:	PERMIT#	
	- 1	LOSS R	EDUCTIO	N NARRAT	IVE		-	
☐ NO VIOLATIONS	SNOTED				LATIONS RESO	LVED		
			Inspection				4th Inspection	
INSPECTION	SPECTION INSPECTOR				OUTCOME DATE			
Occupancy Inspection - Fire Michael Weissenbach			bach	Passed Wednesday, May 12, 2021				
DATE OF REPORT INSPE		PECTOR		PREVENTION FOLLOW-UP REQUIRED?		RESPONSIBLE SIGNATURE		