

# FIRE DEPARTMENT

#### NOTIFICATIONS/CONTACT INFORMATION SECTION

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BUSINESS NAME	FIREHOUSE SUBS				
ADDRESS	111 SE M 291 HWY, LEES SUMMIT, MO 64063				
OWNER/OPERATOR NAME	CAMM CONSTRUCTION INC:	TELEPHONE	(816) 607-3602		
ADDRESS	PO BOX 1417 LEES SUMMIT, MO 64063 Primary: (816) 607-3602 Cell: (816) 564-3918				

### **EMERGENCY CONTACT INFORMATION**

NAME	TELEPHONE
1.	
2.	
3.	
4.	

## LOSS REDUCTION TYPE

Occupancy Ser	ni-Annual	Annual	Life Safety	Sprinkler	 Hazardous Material Permit
🔲 Complaint 🛛 Exp	olosive Storage	UST	Post-Incident	Open Burning	Other
CLASS:	Map#:	PFA#:	KNOX BOX:	KNOX LOCATION:	PERMIT #
A-2					

#### LOSS REDUCTION NARRATIVE

□ NO VIOLATIONS NOTED □			□ ALL VIOLATIONS RESOLVED			
Last Inspection	1st Inspection	2nd Inspection	3rd Inspection		4th Inspection	
INSPECTION	INSPECTOR	0	UTCOME	DATE		
Sprinkler - Hydrostatic	Test Michael We	eissenbach N	ot Required	Friday, May	14, 2021	
Sprinkler - Flow Test	Michael We	eissenbach N	ot Required	Friday, May	14, 2021	
Alarm Test	Michael We	eissenbach P	assed	Friday, May	14, 2021	

DATE OF REPORT	INSPECTOR	PREVENTION FOLLOW-UP REQUIRED?	RESPONSIBLE SIGNATURE
May 14, 2021	Michael Weissenbach	□ Yes □ No	