

FIRE DEPARTMENT

NOTIFICATIONS/CONTACT INFORMATION SECTION

PAGE 1

| BUSINESS NAME | TLC FAMILY DENTISTRY | | |
|---------------------|---|-----------|----------------|
| ADDRESS | 3568 SW MARKET ST, LEES SUMMIT, MO 64082 | | |
| OWNER/OPERATOR NAME | VALENCIA CONST LLC: | TELEPHONE | (816) 537-7482 |
| ADDRESS | 4729 SW GULL POINT DR LEES SUMMIT, MO 64082 Primary: (816) 537-7482 Cell: (816) 536-2865 | | |

EMERGENCY CONTACT INFORMATION

| NAME | TELEPHONE |
|------|-----------|
| 1. | |
| 2. | |
| 3. | |
| 4. | |

LOSS REDUCTION TYPE

| Occupancy Semi-Annual Ann | ual 🔲 Life Safety | Sprinkler | Hazardous Material Permit |
|-------------------------------------|-------------------|----------------|---------------------------|
| Complaint 🔲 Explosive Storage 🔲 UST | Post-Incident | Open Burning |] Other |
| CLASS: Map#: PFA#: B | KNOX BOX: | KNOX LOCATION: | PERMIT # |

LOSS REDUCTION NARRATIVE

| | □ ALL VIOLATIONS RESOLVED | | | | |
|--------------------------|---------------------------|----------------|----------------|-------|-----------------------|
| Last Inspection 1st | Inspection | 2nd Inspection | 3rd Inspection | | 4th Inspection |
| INSPECTION | INSPECTOR | OI | JTCOME | DATE | |
| Occupancy Inspection - F | Fire Craig Hill | Pa | assed | Monda | ay, May 17, 2021 |
| | | | | | |
| DATE OF REPORT | INSPECTOR | PREV REQU | ENTION FOLLC | W-UP | RESPONSIBLE SIGNATURE |

| May 17, 2021 | Craig Hill | □ Yes □ No | |
|--------------|------------|------------|--|
|--------------|------------|------------|--|