

## FIRE DEPARTMENT

## NOTIFICATIONS/CONTACT INFORMATION SECTION

PAGE 1								
☐ CHANGES								
BUSINESS NAME	#2 VENTURES							
ADDRESS	840 SW BLUE	PKWY, LEE	S SUMMIT, N	//O 64063				
OWNER/OPERATOR NAME	CAPITAL CON	NSTRUCTIO	N SERVICES	LLC:	TELEPHON	E (	(816) 875-0018	
ADDRESS	2642 NE HAG LEES SUMMI Primary: (816) Cell: (816) 918							
	E	EMERGENC	Y CONTACT	INFORMATION	N			
NAME				TELEPHO	NE			
1. 2.								
3.								
4.								
		LOS	S REDUCTIO	N TYPE				
☐ Occupancy ☐ Se	mi-Annual	☐ Annual	☐ Life Safe	ty 🔲 S <sub>l</sub>	prinkler		Hazardous Material Permit	
☐ Complaint ☐ Exp	olosive Storage	☐ UST	☐ Post-Inci	dent 🔲 O	pen Burning		Other	
CLASS:	Мар#:	PFA#:	KNOX BOX:	KNO	K LOCATION:		PERMIT #	
	1	LOSS R	EDUCTION N	ARRATIVE				
☐ NO VIOLATIONS I	NOTED			ALL VIOLATIO	NS RESOLV	/ED		
			Inspection	on 3rd Inspection 4th Inspection				
NSPECTION INSPECTOR			0	OUTCOME DATE				
Occupancy Inspection - Fire Craig Hill			Р	Passed Wednesday, June 30, 2021			June 30, 2021	
			Ippry	ENTION FOLLOW	/ LID T			
DATE OF REPORT INSPECTOR			REQU	PREVENTION FOLLOW-UP RESPONSIBLE SIGNATED RESPONSIB			NSIBLE SIGNATURE	

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June 30, 2021	Craig Hill	☐ Yes	□ No	