

FIRE DEPARTMENT

NOTIFICATIONS/CONTACT INFORMATION SECTION

PAGE 1									
☐ CHANGES									
BUSINESS NAME	ELEVATE DESIG	ELEVATE DESIGN + BUILD							
ADDRESS	350 SW LONG	350 SW LONGVIEW BLVD, LEES SUMMIT, MO 64081							
OWNER/OPERATOR NAME	ELEVATE DE	SIGN & BUIL	_D LLC:	TELEPHON	E ((816) 622-8826			
ADDRESS	1040 SW LUTTRELL STE E1 BLUE SPRINGS, MO 64015 Primary: (816) 622-8826 Cell: (816) 457-3889								
	EMERGENCY CONTACT INFORMATION								
NAME	TELEPHONE								
1									
2									
3.									
4.									
LOSS REDUCTION TYPE									
☐ Occupancy ☐ Sen	ni-Annual	☐ Annual	☐ Life Safety	☐ Sprinkler		Hazardous Material Permit			
☐ Complaint ☐ Exp	losive Storage	UST	Post-Incident	☐ Open Burning		Other			
CLASS:	Мар#:	PFA#:	KNOX BOX:	KNOX LOCATION:		PERMIT#			
LOSS REDUCTION NARRATIVE									
T NO MOLATIONS A									
☐ NO VIOLATIONS N Last Inspection	1St Inspection	2nd	2nd Inspection 3rd Inspection 4th Inspection						
Zaotspsssss	101353			ordspecialis					
INSPECTION	INSP	ECTOR	OUTCOM	ME DATE					
Occupancy Inspection - Fire Craig Hill		g Hill	Passed	Wedneso 2021	lay,	September 22,			
Corrective Action Requir Fix or replace	red: e emergency ligl	ht.							

DATE OF REPORT	INSPECTOR	PREVENTION FOLLOW-UP REQUIRED?	RESPONSIBLE SIGNATURE
September 22, 2021	Craig Hill	☐ Yes ☐ No	