

FIRE DEPARTMENT

NOTIFICATIONS/CONTACT INFORMATION SECTION

PAGE 1

BUSINESS NAME	LSMC Hybrid OR Addition			
ADDRESS	2100 SE BLUE PKWY, LEES SUMMIT, MO 64063			
OWNER/OPERATOR NAME	WNER/OPERATOR NAME MIDWEST DIVISION LSH LLC: TELEPHONE			
ADDRESS	PO BOX 80610 INDIANAPOLIS, IN 46280 Primary: <no phone="" primary=""> Cell: <no cell="" phone=""></no></no>			

EMERGENCY CONTACT INFORMATION

NAME	TELEPHONE
1.	
2.	
3.	
4.	

LOSS REDUCTION TYPE

Cccupancy Ser	mi-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 #
I-2					

LOSS REDUCTION NARRATIVE

	□ ALL VIOLATIONS RESOLVED					
Last Inspection 1	st Inspection	2nd Inspection	3rd Insp	pection	4th Inspection	
INSPECTION	INSPECTOR	OL	JTCOME	DATE		
Sprinkler - Hydrostatic	Fest Craig Hill	Pa	assed	Monday	/, October 11, 2021	
Sprinkler - Flow Test	Craig Hill	No	ot Required	Monday	v, October 11, 2021	
Occupancy Inspection -	Fire Craig Hill	Fa	ailed	Monday	/, October 11, 2021	

Alarm Test	Craig Hill	Failed	Monday, October 11, 2021		
DATE OF REPORT	INSPECTOR	PREVENTION FOLLOW-UP	RESPONSIBLE SIGNATURE		
October 11, 2021	Craig Hill	□ Yes □ No			