

## **FIRE DEPARTMENT**

## NOTIFICATIONS/CONTACT INFORMATION SECTION

PAGE 1			NOTIFIC	ATIONS/CO	ONTACT	INFORMA	IIO	N SECTION	
□ CHANGES									
CHANGES									
BUSINESS NAME	LSMC Hybrid OR	R Addition							
ADDRESS	2100 SE BLU	E PKWY, LEI	ES SUMMI	T, MO 6406	33				
OWNER/OPERATOR NAME	MIDWEST D	IVISION LSH	ILLC:		TELEPHON	_	<no primary<br="">PHONE&gt;</no>		
ADDRESS	PO BOX 80610 INDIANAPOLIS, IN 46280 Primary: <no phon<br="" primary="">Cell: <no cell="" phone=""></no></no>								
		EMERGENC	Y CONTAC	CT INFORM	MATION				
NAME TELEPHONE									
1									
2.									
3.									
4.									
		LOS	S REDUCT	ION TYPE					
Occupancy Ser	ni-Annual	☐ Annual	☐ Life S	afety	☐ Spri	nkler		Hazardous Material Permit	
☐ Complaint ☐ Exp	losive Storage	☐ UST	☐ Post-I	ncident	☐ Ope	n Burning		Other	
CLASS:	Map#:	PFA#:	KNOX BO	X:	KNOX L	OCATION:		PERMIT#	
		LOSS R	EDUCTION	N NARRAT	IVE				
☐ NO VIOLATIONS N	IOTED		г	7 ALL VIO	Ι ΔΤΙΩΝ	S RESOLV	ΈD		
Last Inspection				rd Inspection			4th Inspection		
INSPECTION INSPE				OUTCOME					
Sprinkler - Hydrostatic Test Cra		ig Hill		Passed		Monday,	Octo	ober 11, 2021	
Sprinkler - Flow Test	Crai	g Hill		Not Requi	ired	Monday,	Octo	ober 11, 2021	
Occupancy Inspection	<b>ı - Fire</b> Crai	g Hill		Failed		Monday,	Octo	ober 11, 2021	

Occupancy Inspection - Fire	Craig Hill	Failed	Wedne	esday, October 13, 2021
Alarm Test	Craig Hill	Failed	Monda	y, October 11, 2021
Alarm Test	Craig Hill	Failed	Wedne	esday, October 13, 2021
DATE OF REPORT	INSPECTOR	PREVENTION FOLLOW-UI REQUIRED?	o	RESPONSIBLE SIGNATURE
October 13, 2021	Craig Hill	☐ Yes ☐ No		