

PERMIT APPLICATION (COMMERCIAL BUILDINGS/TENANT FINISH)

Revised 04/24/19

APPLICANT, PLEASE COMPLETE ALL OF THE FOLLOWING INFORMATION (PLEASE PRINT):

| 1) | Project Name: LOT 10 I-470 BUSINESS & TECHNOLOGY CENTER | | | |
|--|--|--|--|--|
| 2) | Project Address: 2601 NE MCBAINE DRIVE, LEE'S SUMMIT, MO 64064 | | | |
| 3) | Scope of Work (New Bldg., Bldg. Addition, Tenant Finish, etc): NEW BUILDING | | | |
| 4) | Number of Submitted Plans: 01 Specs: Struct Calcs: Soils Rpts: | | | |
| | Additional information submitted: | | | |
| 5) | Final Development Plan Tracking Number: Date Applied For: 2021.12.22 | | | |
| PLI | PLEASE LIST ADDRESS TO WHICH DEVELOPMENT SERVICES IS TO SEND PLAN REVIEW COMMENTS: | | | |
| 6) | Applicant's Name: DAVID WARD - WARD DEVELOPMENT | | | |
| | Primary Contact:Phone: (816)229-8115 Email: david@safetyministorage.com | | | |
| | On-site Contact: CHRIS Phone: 816.912.6219 Email: chrisa@stuckerconstruction.net | | | |
| | Address: WARD DEVELOPMENT, 1120 EAGLE RIDGE BLVD | | | |
| | City, St., Zip: GRAIN VALLEY, MO 64029 | | | |
| 7) | Design Professional in Responsible Charge: NICK CURTIS, ARCHITECT | | | |
| | Company Name: POWELL CWM, INC. | | | |
| Address: 3200 S. STATE ROUTE 291, BUILDING 1 | | | | |
| | City, St., Zip: INDEPENDENCE, MO 64057 | | | |
| | Phone Number: 816-373-4800 Fax Number: | | | |
| | E-mail: ncurtis@powellcwm.com | | | |

COMMERCIAL BUILDING PERMITS WILL ONLY BE ISSUED TO COMPANYIES LICENSED IN THE CITY OF LEE'S SUMMIT AS A MINIMUM OF A CLASS B GENERAL CONTRACTOR.

ALL PLANS MUST BE DRAWN TO SCALE AND BEAR THE SEAL OF AN ARCHITECT/ENGINEER REGISTERED IN THE STATE OF MISSOURI. PARTIAL PERMIT FEES SHALL BE DETERMINED AS SEPARATE PERMIT FEES. DIVIDING A JOB INTO TWO OR MORE PARTIAL PERMITS WILL RESULT IN HIGHER TOTAL PERMIT FEES THAN ONE FULL PERMIT. RESUBMITTAL PLANS REVIEW FEES MAY BE DUE WHEN PREVIOUSLY IDENTIFIED DEFICIENCIES REMAIN UNCORRECTED ON SUBSEQUENT SUBMITTALS.

| Project Valuation (Plus Mech, Plbg, Elec, Sprklr, Etc., Excluding Site Improvements and property):* \$\frac{1,140,000.00}{PROVIDE SEPARATE TOTAL PROJECT AND BUILDING VALUATIONS. IF THE PROJECT CONTAINS SEPARATE BUILDINGS, PERMIT FEES SHALL BE CALCULATED SEPARATELY FOR EACH BUILDING. Tenant Information: Provide a description of the proposed use for the space. Indicate the nature of the business and the type of daily activities to be performed. Indicate the type of materials to be stored in type S occupancies and how they will be stored. If this is a spec building, indicate the type of tenants anticipated. | | | | |
|---|--|--|--|---|
| | | | | SPEC BUILDING - OFFICE/WAREHOUSE USE |
| | | | | |
| | | | | Special Inspections: |
| | | | | List applicable types of work which require Special Inspection per the International Building Code, |
| Chapter 17. | | | | |
| X Placement of Reinforced Concrete | | | | |
| [X] Testing of Reinforced Concrete | | | | |
| [X] Placement of Reinforced Steel | | | | |
| [] Prestressing Concrete | | | | |
| [X] Bolts installed in Concrete | | | | |
| [X] Verification of Soils | | | | |
| [X] Excavation and Filling | | | | |
| [] Drilled Piers or Piles | | | | |
| [] Earth Retaining Structure | | | | |
| [] Inspection of Precast Fabricator [] Erection of Precast Concrete | | | | |
| [] Structural Welding | | | | |
| [] High Strength Bolting | | | | |
| [X] Steel Frame Inspection | | | | |
| [] Inspection of Structural Steel Fabricator | | | | |
| [X] Inspection of Metal Building Fabricator | | | | |
| [] Sprayed Fire Resistant Materials | | | | |
| [] Structural Masonry | | | | |
| [X] EIFS Insulation/Finish System | | | | |
| [] Smoke Control System | | | | |
| [] Seismic Resistance | | | | |
| [] Other | | | | |
| Deferred submittals: | | | | |
| [] Truss design package | | | | |
| [X] Metal building design package | | | | |
| [] Precast concrete design package | | | | |
| [X] Fire suppression system design package | | | | |

[X] Fire alarm system design package

| [] Other:submittal items. | , please include a copy of prior approval of any other deferred |
|--|---|
| | |
| Jackson County Department of Summit. The health officer macity of Lee's Summit. Contact | d/or serve food: sell or serve food are required to submit a separate permit application to the sell or serve food are required to submit a separate permit application to the self Public Works as they currently serve as the health officer for the City of Lee's nust approve the projects plans prior to issuance of a building permit by the set the Department of Public Works at 816-881-4530 for additional information. Shall be submitted directly to the Jackson County Department of Public Works. |
| Clean Indoor Air Ordinance: The City of Lees Summit has a | an ordinance which prohibits smoking in virtually all enclosed areas of public |
| places and places of employ Smoking" symbol (consisting of clearly and conspicuously pos manages, operates or other | ment. Per the ordinance, a "No Smoking" sign or the international "No of a burning cigarette enclosed in a red circle with a red bar across it) shall be sted at every entrance where smoking is prohibited. The person who owns, wise controls a public place or place of employment is responsible for door Air Act. Questions regarding the Clean Indoor Air Act may be directed to |
| Crime Prevention Through Er | nvironmental Design (CPTED): |
| Ordinance, having been deter for such uses are found in Art | classified as "Uses with Conditions" per Article 6 of the Unified Development mined with a tendency toward an increased risk of crime. Specific conditions icle 6 and shall be required to be met prior to receiving any zoning approval, o occupy any commercial space. |
| Bank/Financial Services | |
| Bank Drive-Thru Facility | |
| Check Cashing and Payd | ay Loan Business |
| Convenience Store (C-St | ore) |
| Financial Services with D | rive-up Window or Drive-Thru Facility |
| Pawn Shop | |
| Title Loan Business, if pe | erforming on site cash transactions with \$500 or more in cash on hand |
| Unattended self-serve ga | as pumps |
| Unsecured Loan Busines | s |
| Other similar uses shall r | meet the same standards as the above |
| | ed above, compliance with the design requirements found in Article 8 of the nce will need to be shown on the submitted plans. |
| <u>Subcontractors</u> Provide the name of the subc | ontractors performing the work in the following areas. |
| ■ Mechanical F+G Me | chanical |
| ■ Electrical Blue Sprin | |

Plumbing R-2 Plumbing

I hereby certify that I have completed this application to identify the requirements for the specific project being submitted for plans review in order to expedite the review process. This submittal is complete for review of the scope of work as described herein and I further understand that omissions of required information will result in delays in the plans review process.

Certified by: Www. Date: 2021.12.22

Print name: Nicholas James Curtis State Registration Number: A-2014003628

Additional Information

For information on plan submittal requirements and the plan review process please refer to the Commercial Permit Plan Submittal Guidelines document. If you have any additional questions please contact Development Services Department at (816) 969-1200, Monday through Friday between 8:00am and 5:00pm. Contact the Fire Department at (816) 969-1300 regarding hazardous material application requirements.