

## **FIRE DEPARTMENT**

## NOTIFICATIONS/CONTACT INFORMATION SECTION

PAGE 1		NOTIFICATIONS/CONTACT INFORMATION SECTION								
☐ CHANGES										
BUSINESS NAME	SAIN	SAINT LUKE'S WOMEN'S HEALTH EAST - ALTERATIONS								
ADDRESS	2737	2737 NE MCBAINE DR, LEES SUMMIT, MO 64064								
OWNER/OPERATOR N	NAME DAV	DAVID E ROSS CONSTRUCTION (					TELEPHO	NE	(816) 737-2953	
ADDRESS	RAY Prim	01 E 75Th /TOWN, I nary: (816 : <no ce<="" td=""><td></td><td></td><td></td><td></td><td></td><td></td></no>								
			EMERGENO	CY CONT	ACT INFOR	MATIC	ON			
NAME	ME					TELEPHONE				
1										
2.										
3.										
4.										
			LOS	S REDUC	CTION TYP	E				
☐ Occupancy ☐ Semi-Annual			☐ Annual	☐ Life Safety			Sprinkler		Hazardous Material Permit	
☐ Complaint ☐	☐ Explosive Storag		☐ UST	Post-Incident			Open Burning		Other	
CLASS: B	Map#:		PFA#:	KNOX E	SOX:	KN	IOX LOCATION:		PERMIT #	
	_		LOSS F	REDUCTION	ON NARRA	TIVE			•	
☐ NO VIOLATIONS NOTED					☐ ALL VIOLATIONS RESOLVED					
Last Inspection	1st Ins	pection	2nd	Inspection		3rd Ins	pection		4th Inspection	
INSPECTION		INICO	ECTOR		OUTCOME	<u> </u>	DATE			
INSPECTION		INOPI	LOTOR		OUTCOME		DATE			
DATE OF REPORT	ATE OF REPORT INSPE			PECTOR			W-UP	RESPONSIBLE SIGNATURE		
March 21, 2022		Ben Hicks			☐ Yes	$\square$ N	0			