



LEE'S SUMMIT MISSOURI



FIRE DEPARTMENT

NOTIFICATIONS/CONTACT INFORMATION SECTION

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☐ CHANGES

BUSINESS NAME	ESSENTIAL CHIROPRACTIC EXPANSION		
ADDRESS	419 SW WARD RD, Unit:A, LEES SUMMIT, MO 64081		
OWNER/OPERATOR NAME	DWATT3356@YAHOO.COM: <NO STREET ADDRESS>	TELEPHONE	
ADDRESS	Primary: Cell: <NO CELL PHONE>		

EMERGENCY CONTACT INFORMATION

NAME	TELEPHONE
1. _____	
2. _____	
3. _____	
4. _____	

LOSS REDUCTION TYPE

<input type="checkbox"/> Occupancy	<input type="checkbox"/> Semi-Annual	<input type="checkbox"/> Annual	<input type="checkbox"/> Life Safety	<input type="checkbox"/> Sprinkler	<input type="checkbox"/> Hazardous Material Permit
<input type="checkbox"/> Complaint	<input type="checkbox"/> Explosive Storage	<input type="checkbox"/> UST	<input type="checkbox"/> Post-Incident	<input type="checkbox"/> Open Burning	<input type="checkbox"/> Other
CLASS: B	Map#:	PFA#:	KNOX BOX:	KNOX LOCATION:	PERMIT #

LOSS REDUCTION NARRATIVE

☐ NO VIOLATIONS NOTED

☐ ALL VIOLATIONS RESOLVED

Last Inspection

1st Inspection

2nd Inspection

3rd Inspection

4th Inspection

INSPECTION	INSPECTOR	OUTCOME	DATE
Occupancy Inspection - Fire	Ben Hicks	Passed	Friday, March 18, 2022

DATE OF REPORT	INSPECTOR	PREVENTION FOLLOW-UP REQUIRED?	RESPONSIBLE SIGNATURE
March 18, 2022	Ben Hicks	<input type="checkbox"/> Yes <input type="checkbox"/> No	