

DEVELOPMENT SERVICES

Development - Subdivision

Project Title: East Trails Middle School - Public Sanitary Main Extension **Permit No:** PRSUBD20214936
Date Issued: Thursday, March 31, 2022

GENERAL INFORMATION

Permit Holder: MCCOWN GORDON CONSTRUCTION LLC 850 MAIN ST KANSAS CITY, MO 64105	Project Address(es): 1745 SE HAMBLEN RD, LEES SUMMIT, MO 64082 1800 SE RANSON RD, LEES SUMMIT, MO 64082 1001 SE BAILEY RD, LEES SUMMIT, MO 64081
Property Owner: WHITANCE DAVID E & NANCY L 1720 SE RANSON RD LEES SUMMIT, MO 64063 SCHOOL DISTRICT 7 REORGANIZED 301 NE TUDOR RD LEES SUMMIT, MO 64086 CITY OF LEES SUMMIT 207 SW MARKET ST LEES SUMMIT, MO 64063 THE CITY OF LEES SUMMIT 220 SE GREEN ST LEES SUMMIT, MO 64063	Parcel No('s): 61700030100000000 61700040101300000 61700010600000000 61700010800000000 County: JACKSON Legal Description: SEC-16 TWP-47 RNG-31---N 80 AC SW 1/4 (EX PT IN ROW)

Permits Included for this Project:
Development-CompleteSanitary SewerSite Grading

PROJECT SUMMARY

Permit Type: Development-Complete Work: Sanitary Sewer, Site Grading,	Work Description: Development Complete
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Issued By: Mike Weisenborn **Date:** Thursday, March 31, 2022

One or more divisions have conditions that have not been addressed during the review period. The outstanding conditions provided below shall be met as indicated during the construction period.

THIS PERMIT SHALL BE DISPLAYED ON THE SITE AT ALL TIMES.
THIS PERMIT COVERS THE SCOPE OF WORK ON THE APPROVED SET OF ENGINEERING PLANS. ADDITIONAL

WORK OR CHANGES IN WORK MUST BE SUBMITTED TO THE DEVELOPMENT SERVICES DEPARTMENT FOR APPROVAL AND MAY REQUIRE ADDITIONAL PERMITS.

APPROVAL OF PLANS DOES NOT RELIEVE THE CONTRACTOR/DEVELOPER FROM COMPLYING WITH THE PROVISIONS SET FORTH IN THE CITY OF LEE'S SUMMIT DESIGN AND CONSTRUCTION MANUAL. THE DESIGN ENGINEER WHOSE SEAL APPEARS ON THE ENGINEERING PLANS SHALL HAVE THE ULTIMATE RESPONSIBILITY OF ENSURING THAT THE ENGINEERING COMPLIES WITH THE DESIGN CRITERIA.

Signature of Applicant: _____

Date: _____

Print Applicant Name: _____

Company Name: _____