

FIRE DEPARTMENT

NOTIFICATIONS/CONTACT INFORMATION SECTION

PAGE 1								
☐ CHANGES								
BUSINESS NAME	OATMAN FAMILY DENTISTRY							
ADDRESS	618 SW 3RD ST, Unit:A, LEES SUMMIT, MO 64063							
OWNER/OPERATOR NAME	DOUGLAS C	ONTRACTIN	G LLC:	TELEPHONE (816) 835-9692				
ADDRESS	2100 N 54TH KANSAS CIT Primary: (816 Cell: <no ce<="" td=""><td>Y, KS 66104 6) 835-9692</td><td></td><td></td><td></td><td></td><td></td></no>	Y, KS 66104 6) 835-9692						
		EMERGENC	Y CONTACT INFO	RMATION				
NAME	TELEPHONE							
1								
2.								
3.								
4.								
		LOSS	REDUCTION TY	PE				
☐ Occupancy ☐ Sem	ni-Annual	☐ Annual	☐ Life Safety	☐ Spi	inkler		Hazardous Material Permit	
☐ Complaint ☐ Exp	losive Storage	☐ UST	☐ Post-Incident	□Ор	en Burning		Other	
CLASS: B	Мар#:	PFA#:	KNOX BOX:	KNOX	_OCATION:		PERMIT#	
		LOSS RE	EDUCTION NARR	ATIVE				
☐ NO VIOLATIONS N	OTED			/IOLATION	S RESOLV	ED		
Last Inspection	1st Inspection	2nd I	nspection	3rd Inspect	ion		4th Inspection	
INSPECTION	INSP	ECTOR	OUTCO	ME	DATE			
Occupancy Inspection - Fire Craig Hill			Passed		Wednesday, April 13, 2022			
Corrective Action Require		S.						
	LINEDECT				ın İnr			

	l i	REQUIRED?		
April 13, 2022	Craig Hill	☐ Yes	□ No	