

FIRE DEPARTMENT

PAGE 1	NOTIFICATIONS/CONTACT INFORMATION SECTION					
☐ CHANGES						
BUSINESS NAME	LAKEWOOD LO	CAL ADDITION				
ADDRESS	811 NE LAKE	811 NE LAKEWOOD BLVD, LEES SUMMIT, MO 64064				
OWNER/OPERATOR NAME	E LAKEWOOD	LAKEWOOD LOCAL: TELEPHONE (816) 381-7165				
ADDRESS	4120 NE POF LEES SUMM Primary: (816 Cell: (816) 21	IT, MO 6406) 381-7165	54		, ,	
		EMERGENO	CY CONTACT INFO	RMATION		
1. 2.				TELEPHONE		
3. 4.						
		LOS	S REDUCTION TY	PE		
☐ Occupancy ☐ Se	mi-Annual	☐ Annual	☐ Life Safety	Sprinkler	Hazardous Material	
☐ Complaint ☐ Ex	plosive Storage	☐ UST	☐ Post-Incident	☐ Open Burning		
CLASS: A-2	Мар#:	PFA#:	KNOX BOX:	KNOX LOCATION:	PERMIT#	
		LOSS R	REDUCTION NARRA	ATIVE	·	
☐ NO VIOLATIONS	NOTED		Пану	IOLATIONS RESOL	VFD	
Last Inspection	1st Inspection	2nd	Inspection	3rd Inspection	4th Inspection	
ISPECTION INSPECTOR		OUTCOM	ME DATE			
Occupancy Inspection - Fire Craig Hill			Failed Thursday		y, April 14, 2022	
	lights are not op			ress lights are needed west door. Kitchen ho	d at both exits. Fire door od needs annual	

DATE OF REPORT	HNSPECTOR	PREVENTION FOLLOW-UP REQUIRED?	RESPONSIBLE SIGNATURE
April 14, 2022	Craig Hill	☐ Yes ☐ No	