

## FIRE DEPARTMENT

## NOTIFICATIONS/CONTACT INFORMATION SECTION

PAGE 1							
☐ CHANGES							
BUSINESS NAME	#WAX						
ADDRESS	813 NE RICE RD, LEES SUMMIT, MO 64086						
OWNER/OPERATOR NAME	TRUE POINT CONSTRUCTION LLC:			<del>;</del>	TELEPHONE	. (	(816) 875-0305
ADDRESS	8426 CLINT DR, SUITE 350 BELTON, MO 64012 Primary: (816) 875-0305 Cell: (816) 726-9631						
		EMERGENCY	Y CONTAC	CT INFORM	ATION		
NAME	TELEPHONE						
1.							
2.							
3.							
4.							
		LOSS	REDUCT	ION TYPE			
Occupancy Sen	ni-Annual	☐ Annual	☐ Life S	afety	Sprinkler		Hazardous Material Permit
<u> </u>	losive Storage	UST	☐ Post-I	ncident	Open Burning		Other
CLASS: B	Мар#:	PFA#:	KNOX BO	X:	KNOX LOCATION:		PERMIT#
		LOSS RE	DUCTION	N NARRATIV	/E		
☐ NO VIOLATIONS NOTED ☐ ALL VIOLATIONS RESOLVED							
Last Inspection	1st Inspection	2nd I	nspection	3rc	Inspection	4	4th Inspection
INSPECTION		ECTOR		OUTCOME	DATE	:1 6	20, 0000
Occupancy Inspection Corrective Action Requir Mount fire ex	ed:	g Hill		Failed	Friday, Αμ	orii 2	22, 2022
Occupancy Inspection	- <b>Fire</b> Crai	g Hill		Passed	Tuesday,	Apr	il 26, 2022

DATE OF REPORT	HINSPECTOR	PREVENTION FOLLOW-UP REQUIRED?	RESPONSIBLE SIGNATURE
April 26, 2022	Craig Hill	□ Yes □ No	