



LEE'S SUMMIT, MISSOURI FIRE DEPARTMENT LOSS REDUCTION PROGRAM



NOTIFICATIONS/CONTACT INFORMATION SECTION

PAGE 1

☐ CHANGES

BUSINESS NAME	Summit Fair		
ADDRESS	880 NW BLUE PKWY, Unit:I, LEES SUMMIT, MO 64086		
OWNER/OPERATOR NAME	<NO CONTACT NAME AVAILABLE>	TELEPHONE	<NO PRIMARY PHONE>
	<NO CONTACT INFORMATION AVAILABLE>		
ADDRESS	Primary: Doug Cell: 913-787-5388 WHITE BOX FINISH PRCOM20100052		

EMERGENCY CONTACT INFORMATION

NAME	TELEPHONE
1.	
2.	
3.	
4.	

LOSS REDUCTION TYPE

<input checked="" 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#: 195A	PFA#:	KNOX BOX:	KNOX LOCATION:	PERMIT # PRCOM20100052

LOSS REDUCTION NARRATIVE

☐ NO CORRECTIONS NOTED

☐ ALL CORRECTIONS COMPLETED

Last Inspection 1st Inspection 1/07/11 2nd Inspection 3rd Inspection 4th Inspection

INSPECTION	INSPECTOR	OUTCOME	DATE
Alarm Test	Joe Dir	Passed	Friday, January 07, 2011
Occupancy Inspection - Fire	Joe Dir	Passed	Friday, January 07, 2011
White Box finish OK, ready for tenant finish once cleared through codes administration			
DATE OF REPORT	INSPECTOR	PREVENTION FOLLOW-UP REQUIRED?	RESPONSIBLE SIGNATURE

January 07, 2011

Joe Dir

☐ Yes

☒ No