



## LEE'S SUMMIT, MISSOURI FIRE DEPARTMENT LOSS REDUCTION PROGRAM

## NOTIFICATIONS/CONTACT INFORMATION SECTION

PAGE 1

LI CHANGES						
BUSINESS NAME	Micah's					
ADDRESS	930 NW BLUE	PKWY, Uni	t:E, LEES SUMMIT,	MO 64086		
OWNER/OPERATOR NAME	HAMMERLY	CONSTRUC	TION COMPANY L	LC: TELEPHON	IE <no primary<br="">PHONE&gt;</no>	
ADDRESS	2505 NE INDIAN POINTE LEES SUMMIT, MO 64086 Primary: Bill Cell: 592-1109					
		EMERGENC	Y CONTACT INFO	RMATION		
NAME 1.				TELEPHONE		
2.						
3.						
4.						
<u>r</u>		LOS	S REDUCTION TYPE	'E 		
☐ Occupancy ☐ Sen	ni-Annual	☐ Annual	☐ Life Safety	☐ Sprinkler	☐ Hazardous Material Permit	
☐ Complaint ☐ Exp	losive Storage	UST	Post-Incident	☐ Open Burning	⊠ Other	
CLASS:	Map#: 195A	PFA#:	KNOX BOX:	KNOX LOCATION:	PERMIT # PRCOM20100267	
		LOSS R	EDUCTION NARRA	ATIVE		
☐ NO CORRECTIONS	SNOTED		Панс	ORRECTIONS COM	PI ETEN	
	1st Inspection 1/2	1/11 2nd	Inspection	3rd Inspection	4th Inspection	
INSPECTION	INSPI	ECTOR	OUTCOM	ME DATE	<del></del>	
Alarm Test	n Test Joe Dir		Passed	Friday, J	Friday, January 21, 2011	
Sprinkler - Flow Test Joe Dir			Passed	Friday, J	Friday, January 21, 2011	
Corrective Action Requir		witch need to	addressed in the F	ACP as suite 930-E		
now switch at	id the tamper 3	witori ricca to	dualessea in the r	Aor as saite 550-E		
Sprinkler - Hydrostatio	Test		Not Re	quired Thursda	y, January 20, 2011	
DATE OF REPORT	INSPECTO	)R	PREVENTIO REQUIRED?	N FOLLOW-UP	ESPONSIBLE SIGNATURE	

	I	1	I	
January 21, 2011	Joe Dir	☐ Yes	□ No	