

FIRE DEPARTMENT

NOTIFICATIONS/CONTACT INFORMATION SECTION

PAGE 1								
☐ CHANGES								
BUSINESS NAME	BUNGEE UP							
ADDRESS	403 SW WARD RD, LEES SUMMIT, MO 64081							
OWNER/OPERATOR NAME	Bungee Up: TELEPHONE (888) 8							
ADDRESS	3350 RALPH POWELL RD NE Ste 425 LEES SUMMIT, MO 64064 Primary: (888) 828-6433 Ext: 700 Cell: <no cell="" phone=""></no>							
		EMERGENC	Y CONTACT INFOR	RMATION				
NAME	TELEPHONE							
1.								
2.								
3.								
4.								
		LOS	S REDUCTION TYP	E				
☐ Occupancy ☐ Sem	ni-Annual	☐ Annual	☐ Life Safety	Sprinkler	Hazardous Material Permit			
☐ Complaint ☐ Expl	losive Storage	UST	☐ Post-Incident	Open Burning	Other			
CLASS: A-4	Map#:	PFA#:	KNOX BOX:	KNOX LOCATION:	PERMIT #			
		LOSS R	EDUCTION NARRA	TIVE				
☐ NO VIOLATIONS N	\exists no violations noted			☐ ALL VIOLATIONS RESOLVED				
	1st Inspection	2nd	Inspection	3rd Inspection	4th Inspection			
INSPECTION	INSPI	ECTOR	OUTCOM	E DATE				
Occupancy Inspection - Fire Craig Hill		Passed Monday, C		June 06, 2022				
Corrective Action Require All life safety		e. Okay to oc	cupy with approval fo	orm codes.				
DATE OF REPORT	INSPECTO	OR .	PREVENTION	N FOLLOW-UP RE	SPONSIBLE SIGNATURE			

1		REQUIRED?		
June 06, 2022	Craig Hill	☐ Yes	□ No	