



LEE'S SUMMIT, MISSOURI FIRE DEPARTMENT LOSS REDUCTION PROGRAM



NOTIFICATIONS/CONTACT INFORMATION SECTION

PAGE 1

☐ CHANGES

BUSINESS NAME	Smallcakes		
ADDRESS	880 NW BLUE PKWY, Unit:G, LEES SUMMIT, MO 64086		
OWNER/OPERATOR NAME	CBL LEES SUMMIT EAST LLC:	TELEPHONE	<NO PRIMARY PHONE>
ADDRESS	2030 HAMILTON PLACE BLVD STE 500 CHATTANOOGA, TN 37421 Primary: RACHEL KING Cell: 810-8138		

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: M	Map#: 195A	PFA#:	KNOX BOX:	KNOX LOCATION:	PERMIT # PRCOM20100223

LOSS REDUCTION NARRATIVE

☐ NO CORRECTIONS NOTED

☐ ALL CORRECTIONS COMPLETED

Last Inspection 1st Inspection 2/09/11 2nd Inspection 3rd Inspection 4th Inspection

INSPECTION	INSPECTOR	OUTCOME	DATE
Occupancy Inspection - Fire	Joe Dir	Passed	Wednesday, February 09, 2011
OK TO OCCUPY ONCE CLEARED THROUGH CODES ADMINISTRATION			
Alarm Test	Joe Dir	Passed	Monday, August 10, 2009
Sprinkler - Hydrostatic Test	Jim Eden	Passed	Monday, June 01, 2009
Sprinkler - Flow Test	Joe Dir	Passed	Tuesday, June 16, 2009

DATE OF REPORT	INSPECTOR	PREVENTION FOLLOW-UP REQUIRED?	RESPONSIBLE SIGNATURE
February 09, 2011	Joe Dir	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	