



CITY OF LEE'S SUMMIT CODES ADMINISTRATION

220 SE GREEN ST.
P.O. BOX 1600
Lee's Summit, MO 64063

PHONE:
816-969-1200

FAX:
816-969-1201

| | |
|---|--|
| Building Permit - Commercial Project Title: Glo Nail Lounge Work Desc: New Tenant Finish | Permit No: PRCOM20100231 Date Issued: February 25, 2011 |
|---|--|

| | |
|---|---|
| Project Address: 930 NW BLUE PKWY, Unit:P, LEES SUMMIT, MO 64086 Legal Description: SUMMIT FAIR LOTS 22A & 24A---LOT 22A Parcel No: 51700033300000000 County: JACKSON | Permit Holder: ANS CONSTRUCTION 29 W 14TH AVENUE KANSAS CITY, MO 64116-3923 |
|---|---|

| |
|--|
| Activities Included for this Project: zNew Tenant Finish, Above Ceiling Permit, Alarm Permit, Electrical Permit Commercial, Electrical Service Permit Commercial, Plumbing Permit Commercial, Mechanical Permit Commercial, Sprinkler Permit, Water Heater Permit, |
|--|

| | | |
|---|---|------------------------------|
| Construction Type: Type IIB (Unprotected) | Occupancy: Business Valuation: \$31,000.00 | Zoning District: CP-2 |
|---|---|------------------------------|

| | |
|--------------------------|--|
| Residential Area: | |
|--------------------------|--|

| | |
|------------------------|------|
| Commercial Area | 1500 |
|------------------------|------|

| | |
|-----------------------|---------------------------|
| Issued By: JDF | Date: Feb 25, 2011 |
|-----------------------|---------------------------|

THIS PERMIT IS ISSUED IN RELIANCE UPON INFORMATION SUBMITTED BY THE APPLICANT. THE BUILDING OFFICIAL MAY SUSPEND OR REVOKE WHENEVER THE PERMIT IS ISSUED IN ERROR, OR ON THE BASIS OF INCORRECT INFORMATION SUPPLIED, OR IN VIOLATION OF ANY ADOPTED CODE, CITY ORDINANCE OR REGULATIONS.

NOTICE: THE DISPOSAL OF DEMOLITION WASTE IS REGULATED BY THE DEPARTMENT OF NATURAL RESOURCES UNDER CHAPTER 260 RSMO. SUCH WASTE, IN TYPES AND QUANTITIES ESTABLISHED BY THE DEPARTMENT, SHALL BE TAKEN TO A DEMOLITION LANDFILL OR A SANITARY LANDFILL FOR DISPOSAL.

| | |
|-------------------------------|---------------------|
| Signature of Applicant: _____ | Date: _____ |
| Print Applicant Name: _____ | Company Name: _____ |