

## FIRE DEPARTMENT

## NOTIFICATIONS/CONTACT INFORMATION SECTION

PAGE 1						
☐ CHANGES						
BUSINESS NAME	BOX DEVELOPM	MENT OFFICE				
ADDRESS	420 SW LONG	GVIEW BLVD	, Unit:116, LEES SUM	1MIT, MO 64081		
OWNER/OPERATOR NAME	Monarch Buile	d, LLC:		TELEPHONE	E (913) 942-2400	
ADDRESS	8100 Newton Overland Patl Primary: (913 Cell: <no ce<="" th=""><th>k, KS 66204 3) 942-2400</th><th>0</th><th></th><th></th><th></th></no>	k, KS 66204 3) 942-2400	0			
		EMERGENC'	Y CONTACT INFORM	MATION		
NAME			TE	ELEPHONE		
1						
2.						
3.						
4.						
		LOSS	S REDUCTION TYPE			
Occupancy Sem	ni-Annual	☐ Annual	☐ Life Safety	Sprinkler	Hazardous Mater	rial
☐ Complaint ☐ Expl	losive Storage	UST	☐ Post-Incident	☐ Open Burning	☐ Other	
CLASS:	Мар#:	PFA#:	KNOX BOX:	KNOX LOCATION:	PERMIT#	
,		LOSS RI	EDUCTION NARRATI	IVE		
☐ NO VIOLATIONS N	OTED		☐ ALL VIO	LATIONS RESOLV	/ED	
Last Inspection	1st Inspection	2nd I	Inspection 3	rd Inspection	4th Inspection	
INSPECTION	INSPI	ECTOR	OUTCOME	DATE		
Occupancy Inspection - Fire Craig Hill		g Hill	Failed F		Friday, June 24, 2022	
	ded on ront and		ot operational and faile	ed.		
Occupancy Inspection	- Fire Craig	g Hill	Passed	Friday, Jι	uly 01, 2022	

Corrective Action Requ			
1 All life safety	/ was appropriate. Okay to o	ccupy with approval form codes.	
DATE OF REPORT	INSPECTOR	PREVENTION FOLLOW-UP	RESPONSIBLE SIGNATURE
27.1.2 G. 1.2. G. 1.		REQUIRED?	1.20. 0.10.222 0.0.0.10.10.12
July 01, 2022	Craig Hill	☐ Yes ☐ No	