

**DEVELOPMENT SERVICES**

<b>Building Permit - Commercial</b> <b>Project Title:</b> PRIME PHYSICAL THERAPY <b>Work Desc:</b> CHANGE OF TENANT	<b>Permit No:</b> PRCOMCOM20220491 <b>Date Issued:</b> July 28, 2022
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<b>Project Address:</b> 1161 NE RICE RD, LEES SUMMIT, MO 64086  <b>Legal Description:</b> MINOR SUB OF TR A, REPLAT OF LOT 2 DEERBROOK COMMERCIAL PARK LOT 4  <b>Parcel No:</b> 52810032200000000  <b>County:</b> JACKSON	<b>Permit Holder:</b> HAREN CONTRACTING 8035 NIEMAN RD LENEXA, KS 66214
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<b>Activities Included for this Project:</b> zChange of Tenant, License Tax, License Tax Credit, Alarm Permit, Sprinkler Permit,
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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.

**CONDITIONS**

**One or more divisions have conditions that have not been addressed during the review period. The outstanding conditions provided below shall be met as indicated during the construction period.**

Fire Plan Review
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Building Plan Review
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4        2017 NEC Article 210.63 Heating, Air-Conditioning, and Refrigeration Equipment Outlet. A 125-volt, single-phase, 15- or 20-ampere-rated receptacle outlet shall be installed at an accessible location for the servicing of heating, air-conditioning, and refrigeration equipment. The receptacle shall be located on the same level and within 25 feet of the heating, air-conditioning, and refrigeration equipment. The receptacle outlet shall not be connected to the load side of the equipment disconnecting means.

Action required: Provide receptacle near new condensing units.  
 7/1/22 - addressed in note. field verify

Licensed Contractors
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Signature of Applicant: _____ Date: _____
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Print name: \_\_\_\_\_

Company Name: \_\_\_\_\_