

CODE MODIFICATION REQUEST

BUILDING/STRUCTURE NAME:	
PREMISE ADDRESS: 2344 SW Old Por	+Rd.
PERMIT NUMBER (if applicable): 20211027	
OWNER'S NAME:	
TO: Director of Development Services	
In accordance with the Lee's Summit Building Code, I provisions of the code as I feel that the spirit and interthe public health, welfare and safety are assured. The and action. (NOTE: ATTACH ANY ADDITIONAL INFORMATION OF Request: () Design (**) Construction We request a variance to allow the second of the back wall of the how	ent of the Lee's Summit Building Code are observed e following articulates my request for your review MATION NECESSARY) iding to be closer to the ground we than the manufactures promoudation
SUBMITTED DIV.	wing water to flow to ward the
NAME: Brett Shelton; 10 Construction ADDRESS: PO BOX 6423 CITY, STATE, ZIP: Lee'S Summit, MO 64064	Tel.# 713 645 - 7090 SIGNATURE: See John
Plan Review / Inspections Manager:) APPROVAL () DENIAL
SIGNATURE:	_ DATE:
Director of Development Services: () APPROVED () DENIED
SIGNATURE:	_ DATE:
COMMENTS	

A COPY MUST BE ATTACHED TO THE APPROVED PLANS ON THE JOB SITE