

FIRE DEPARTMENT

NOTIFICATIONS/CONTACT INFORMATION SECTION

PAGE 1								
☐ CHANGES								
BUSINESS NAME	RENOURISH							
ADDRESS	102 SW 2ND	ST, LEES SI	JMMIT, MO 640	63				
OWNER/OPERATOR NAM	IE WHD Manag	ement Inc.:			TELEPHONI	Ε ((816) 935-5019	
ADDRESS	PO Box 1059 Lee's Summi Primary: (816 Cell: <no ce<="" td=""><td>t, MO 64063 6) 935-5019</td><td></td><td></td><td></td><td></td><td></td></no>	t, MO 64063 6) 935-5019						
		EMERGENC	Y CONTACT IN	IFORMA ¹	ΓΙΟΝ			
NAME				TELE	PHONE			
1.								
2.								
3.								
4.								
		LOS	S REDUCTION	TYPE				
☐ Occupancy ☐ S	emi-Annual	☐ Annual	☐ Life Safety] Sprinkler		Hazardous Material Permit	
☐ Complaint ☐ E	xplosive Storage	☐ UST	☐ Post-Incide	ent 🗀	Open Burning		Other	
CLASS: B	Мар#:	PFA#:	KNOX BOX:	k	(NOX LOCATION:		PERMIT#	
		LOSS R	EDUCTION NA	RRATIVE	•			
☐ NO VIOLATIONS	NOTED		Па	I VIOI A	TIONS RESOLV	FD		
Last Inspection 1st Inspection		2nd	2nd Inspection 3rd Inspection				4th Inspection	
INSPECTION	INSP	ECTOR	OUT	COME	DATE			
Occupancy Inspection - Fire Craig Hill		g Hill	Passed		Wedneso 2022	Wednesday, November 30, 2022		
Corrective Action Req 1 All life safe	uired: ty was appropriat	e. Okay to oc	cupy with appro	val from c	codes.			

DATE OF REPORT	INSPECTOR	PREVENTION FOLLOW-UP REQUIRED?	RESPONSIBLE SIGNATURE
November 30, 2022	Craig Hill	☐ Yes ☐ No	