

## **FIRE DEPARTMENT**

	NOTIFICATIONS/CONTACT INFORMATION SECTION							
PAGE 1								
☐ CHANGES								
BUSINESS NAME	MAMON LLC							
ADDRESS	3540 SW MARKET ST, LEES SUMMIT, MO 64082							
OWNER/OPERATOR NAME	WATERFORD DESIGN BUILD INC: TELEPHONE (913) 432-7123						(913) 432-7123	
ADDRESS	P O BOX 815 OVERLAND Primary: (913 Cell: (913) 20	PARK, KS 66 3) 432-7123						
		EMERGENCY	CONTAC	CT INFORM	ATION			
NAME				TEI	EPHONE			
1.								
2.								
3.								
4.								
		LOSS	REDUCT	ION TYPE				
☐ Occupancy ☐ Sen	ni-Annual	☐ Annual	☐ Life S	afety	Sprinkler		Hazardous Material Permit	
☐ Complaint ☐ Exp	losive Storage	☐ UST	☐ Post-I	ncident	Open Burning		Other	
CLASS:	Мар#:	PFA#:	KNOX BO	X:	KNOX LOCATION:		PERMIT #	
		LOSS RE	DUCTION	NARRATIV	<b>/</b> E			
☐ NO VIOLATIONS N	☐ ALL VIOLATIONS RESOLVED							
Last Inspection	1st Inspection 2nd Inspectio			3rd Inspection			4th Inspection	
INSPECTION	INSP	ECTOR		OUTCOME	DATE			
Sprinkler - Hydrostatic Test Craig		g Hill		Not Require	ed Tuesday,	Tuesday, December 27, 2022		
Sprinkler - Flow Test	Crai	g Hill		Not Require	ed Tuesday,	De	cember 27, 2022	
Occupancy Inspection - Fire C		Craig Hill		Failed	Tuesday,	Tuesday, December 27, 2022		

Corrective Action Required:			
1 Alarm notification is door.	s needed in the main sails area	and restroom. Fire extinguishe	r needed by the front
DATE OF REPORT	INSPECTOR	PREVENTION FOLLOW-UP REQUIRED?	RESPONSIBLE SIGNATURE
December 27, 2022	Craig Hill	☐ Yes ☐ No	