

DEVELOPMENT SERVICES

Building Permit - Commercial Project Title: HAIR BY SHELSEA Work Desc: CHANGE OF TENANT	Permit No: PRCOM20232493 Date Issued: July 26, 2023
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Project Address: 618 SW 3RD ST, Unit:D, LEES SUMMIT, MO 64063 Legal Description: RNG-31 TWP-47 SEC-06 PT SW 1/4 DAF: BEG AT A PT 1150' W OF SE COR SD SW 1/4 TH N 28' M/L TO N ROW LI OF 3RD ST & TRU POB TH CONT N 220' TH E 130' TO SW COR LOT 58 ROBIN HILLS TH N 125' TO S ROW LI OF Parcel No: 61330168900000000 County: JACKSON	Permit Holder: JIMMY MAC CONSTRUCTION LLC 820 NW COMMERCE DR LEES SUMMIT, MO 64086
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Activities Included for this Project: License Tax, License Tax Credit, zChange of Tenant,

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

- 1 All existing conditions are subject to inspection and correction.
- 2 2018 IFC 906.2- General requirements. Portable fire extinguishers shall be selected, installed and maintained in accordance with this section and NFPA 10.

Provide a minimum of one, 2A:10B:C fire extinguisher.

Building Plan Review

- 1 This review assumes that there will be no finger/toe nail service.

Action required: Comment is informational. If nail service is provided a dedicated source capture exhaust system will be required.

6/30/2023 - not addressed

**To be field verified

Licensed Contractors

Signature of

Applicant: _____

Date: _____

Print name: _____

Company Name: _____