



LEE'S SUMMIT, MISSOURI FIRE DEPARTMENT **LOSS REDUCTION PROGRAM**

	NOTIF	ICATIONS/C		ION SECTION		PAGE 1
☐ CHANGES						
BUSINESS NAME	LA FUENTE					
ADDRESS	1255 NE DOL	JGLAS ST, LE	EES SUMMIT, MO 640	986		
OWNER/OPERATOR NAME	JIMMY MAC	CONSTRUCT	TION LLC:	TELEPHONE	(8	316) 918-7812
ADDRESS	1260 NW MA LEES SUMM Primary: (816 Cell: <no ce<="" td=""><td>IT, MO 64086) 918-7812</td><td>6 Jim @ 863-3276</td><td></td><td></td><td></td></no>	IT, MO 64086) 918-7812	6 Jim @ 863-3276			
		EMERGENC'	Y CONTACT INFORM	ATION		
NAME			TE	LEPHONE		
1						
2.						
3.						
4.						
		LOSS	S REDUCTION TYPE			
☑ Occupancy ☐ Sen	ni-Annual	☐ Annual	☐ Life Safety	Sprinkler		Hazardous Material Permit
☐ Complaint ☐ Exp	losive Storage	☐ UST	☐ Post-Incident	☐ Open Burning		Other
	Map#: 175X	PFA#:	KNOX BOX:	KNOX LOCATION:	I	PERMIT# PRCOM20100137
		LOSS RI	EDUCTION NARRATI	VE		
☐ NO CORRECTIONS	S NOTED		⊠ALL COR	RECTIONS COMP	LETI	ED
	1st Inspection 10/	11/11 2nd		d Inspection		th Inspection
INSPECTION	INSP	ECTOR	OUTCOME	DATE		
Sprinkler - Hydrostatic Test Jo		Dir	Passed	Monday, 0	Monday, October 10, 2011	
Hood Hood System	Test Joe I	Dir	Passed	Friday, Oc	tobe	er 07, 2011
Occupancy Inspection	- Fire Joe	Dir	Passed	Wednesd	ay, N	lovember 02,2011
Alarm Test	Joe l	Dir	Passed	Monday, 0	Octol	ber 10, 2011

Passed

Monday, October 10, 2011

Temporary C of O Tuesday, October 11, 2011

Joe Dir

Joe Dir

Sprinkler - Flow Test

Occupancy Inspection - Fire

DATE OF REPORT	HNSPECTOR	PREVENTION FOLLOW-UP REQUIRED?	RESPONSIBLE SIGNATURE
November 02, 2011	Joe Dir	□ Yes ⊠No	