



# Lee's Summit Demolition Permit Application

Codes Administration Department  
220 SE Green St.  
PO Box 1600  
Lee's Summit, MO., 64063  
Phone: 816-969-1200 Fax: 816-969-1201  
Revised June, 2009

For Office Use Only:
Permit # <u>PRDEM 2012 0282</u>
Approval Date:
Permit \$ <u>30.00</u>

Applicant: Larry Bair Excavating

Address: 2785 W. 247th Street, Louisburg, KS 66053

Phone: 913-947-7222 Fax: 913-947-7223

**Location of the project:**

Street address: 621 SW 3rd Street, Lee's Summit, MO

Legal description: CVS Pharmacy

**Required information:**

Is the building to be partially or completely demolished?  Partial  Complete

Use of the building:  Single family residential  Two family  Commercial building  Other

Will the water service removed? Yes (Complete demolition only)

Will the sanitary service be removed? Yes (Complete demolition only)

Description of the building to be demolished:  
Metal building, car wash and cement block building gas station

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Number of stories: 1 Total square footage of the building: 5420 Combined

Does the applicant own the structure to be moved?  Yes  No

The applicant shall furnish a certificate of liability insurance for personal and property damage exempting and saving harmless the city in a minimum amount of \$100,000 injury each person, \$300,000 each occurrence, and \$50,000 property damage.

AFFIDAVIT: I hereby certify that I have the authority to make the foregoing application and that the application, to the best of my knowledge, is complete and correct and that the permitted construction will conform to the regulations in the Codes adopted by the City of Lee's Summit and all applicable ordinances.

Shane Bair  
Signature of Owner or Authorized Agent  
Date 2-17-12

Shane Bair  
Printed Name of Applicant 2-17-12

# CITY OF LEE'S SUMMIT BUSINESS LICENSE APPLICATION

220 SE Green

Lee's Summit, MO 64063-6700

For City Use Only

100  
Class

Subclass

<b>Business Name &amp; Mailing Address</b> <u>Larry Bair Excavating</u> <u>2785 W. 247th Street</u> <u>Louisburg, KS 66053</u>	<b>Type of Business (General Description)</b> <u>Excavating and Utilities</u>  Home Business <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Business Phone <u>913-947-7222</u>  MO State Sales Tax ID Number <u>15343014</u>  Date Business Opened <u>1994</u>
<b>Physical Business Address (if different from mailing address)</b> <u>Same</u>	

<b>Type of Organization</b>  Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input checked="" type="checkbox"/>	<b>Owners, Officers, Board Members of Organization</b> (List, by name and title, all responsible parties. Include home address and phone.) <u>Larry Bair, President 2785 W. 247th, Louisburg, KS 947-7222</u> <u>Shane Bair, VP 9302 W. 148th PL, Overland Park, KS 927-8028</u>
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**Contact Person or Facility In-Charge (include name, title, home address, home phone)**  
Larry Bair, President  
2785 W. 247th Street, Louisburg, KS 66053  
913-947-7222

<b>Fee Computation</b>		30.00
A) Base Fee		20.00
B) Number of Employees (excluding owner or proprietor)	5 X Fee	50.00
C) Subtotal (Items A plus B)		37.50
D) New Business -- Pro-rated Fee Calculation (Line C X <u>75</u> %)		
E) Does Your Establishment Sell Cigarettes? Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>Building &amp; Construction Trades Only</b>		
Name _____	<input type="checkbox"/> Master	
Name _____	<input type="checkbox"/> Master	
Name _____	<input type="checkbox"/> Master	
Master Mechanic \$25.00	Master Plumber \$25.00	Master Electrician \$25.00
Contractor License Type		
General Contractor \$25.00	Building Contractor \$25.00	Residential Contractor \$25.00
F) Total Building & Construction Trade Fees		37.50
G) Total of C or D plus E plus F		37.50
H) Penalty -- 25% per month or fraction thereof		37.50
<b>TOTAL BUSINESS LICENSE FEES (Items G plus H)</b>		37.50
Base Fee    Manufacturers - \$26.00    Non-Manufacturing - \$30.00    Cigarette Permit - \$5.00 Employee Fee    Manufacturers - \$1.00/employee    Non-Manufacturing - \$5.00/employee		

I certify that the information stated on this application is true to the best of my knowledge and belief. I understand that the City of Lee's Summit may request substantiation for my claim as to the number of employees disclosed. I am aware of the penalties for falsifying information on this application.

Signature Shane Bair, VP Title 2/17/2012 Date

DO NOT WRITE BELOW THIS LINE

PAID

THIS IS NOT A PERMIT TO OCCUPY A BUILDING.    FEB 22 2012  
 \*PLEASE RETURN ALL COPIES\*

City of Lee's Summit  
 Treasurer

RD

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/17/12

CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Elliott Insurance Inc - Lsbg 278 Fairlane Drive Louisburg, KS 66053 Rick Elliott	913-837-5125 913-837-5359	<b>CONTACT NAME:</b> Michelle Harris <b>PHONE (A/C No, Ext):</b> 913-837-5125 <b>E-MAIL ADDRESS:</b> michelle@elliottinsurancegroup.com	<b>FAX (A/C, No):</b> 913-837-3192 <b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Allied Prop & Casualty Ins. Co      NAIC # 26093 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
<b>INSURED</b> Larry Bair Excavating, Inc. Larry Bair 2785 W. 247th Street Louisburg, KS 66053			

**COVERAGES**      **CERTIFICATE NUMBER:**      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDITIONAL INSURED	SUBROGATION WAIVED	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC			ACPGLA07260108607	01/15/12	01/15/13	EACH OCCURRENCE      \$      1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence)      \$      100,000 MED EXP (Any one person)      \$      5,000 PERSONAL & ADV INJURY      \$      1,000,000 GENERAL AGGREGATE      \$      2,000,000 PRODUCTS - COMP/OP AGG      \$      2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			ACPBAT260108607	01/15/12	01/15/13	COMBINED SINGLE LIMIT (Ea accident)      \$      1,000,000 BODILY INJURY (Per person)      \$ BODILY INJURY (Per accident)      \$ PROPERTY DAMAGE (Per accident)      \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTIONS      NIL			ACPCAA7260108607	01/15/12	01/15/13	EACH OCCURRENCE      \$      2,000,000 AGGREGATE      \$      2,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	ACPWC7260108607	01/15/12	01/15/13	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT      \$      1,000,000 E.L. DISEASE - EA EMPLOYEE      \$      1,000,000 E.L. DISEASE - POLICY LIMIT      \$      1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 CVS Pharmacy

<b>CERTIFICATE HOLDER</b>  CITYL-5  City of Lee's Summit 220 S.E. Green Street Lee's Summit, MO 64063	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE Rick Elliott
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