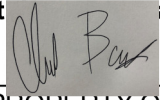




PRELIMINARY DEVELOPMENT PLAN APPLICATION

1. PROJECT NAME: FIT Muscle and Joint Clinic
2. PROPERTY LOCATION/ADDRESS: 413 NW Murray Road Lee's Summit MO 64081
3. ZONING OF PROPERTY: Commercial
4. LEGAL DESCRIPTION (attach if description is metes and bounds description): J.K.V. EAST COMMERCIAL DEVELOPMENT---LOT 3
5. Size of Building(s) (sq. ft): 10,090 GSF Lot Area (acres): 1.61 Acres
6. APPLICANT (DEVELOPER) _____ PHONE _____
CONTACT PERSON _____ FAX _____
ADDRESS _____ CITY/STATE/ZIP _____
E-MAIL _____
7. PROPERTY OWNER FIT Muscle and Joint Clinic., LLC PHONE 913.745.4064
CONTACT PERSON chad barnes FAX _____
ADDRESS 22120 Midland Drive #1 CITY/STATE/ZIP Shawnee, KS 66226
E-MAIL drbarnes@fitmjc.com
8. ENGINEER/SURVEYOR _____ PHONE _____
CONTACT PERSON _____ FAX _____
ADDRESS _____ CITY/STATE/ZIP _____
E-MAIL _____
9. OTHER CONTACTS david herron and partners, LLC PHONE 913.205.5649
CONTACT PERSON david herron FAX _____
ADDRESS 3117 W 79th Street CITY/STATE/ZIP PV KS 66208
E-MAIL dherron@herronandpartners.com

All applications require the signature of the owner on the application and on the ownership affidavit. Applications without signatures will be deemed incomplete and not processed.


PROPERTY OWNER


APPLICANT

Print name: Chad Barnes

David Herron

Receipt #: _____ Date Filed: _____ Processed by: _____ Application # _____