



LEE'S SUMMIT MISSOURI

OWNERSHIP AFFIDAVIT

STATE OF MISSOURI)

ss.

COUNTY OF JACKSON)

Comes now John McDonald - HCA Midwest Health (owner)

who being duly sworn upon his/her oath, does state that he/she is the owner of the

property legally described as Midwest Division - LSH, LLC
d/b/a/ Lee's Summit Medical Center
2100 SE Blue Parkway
Lee's Summit, MO 64063

in the application for Final Development Plan
(type of application, e.g., rezoning, preliminary or final development plan, etc.).

Owner acknowledges the submission of said application and understands that upon approval of the application the proposed use specified in the application will be a permitted use upon the subject property under the City of Lee's Summit Unified Development Ordinance.

Dated this 19 day of January, 2022

Signature of Owner

John McDonald

Printed Name

Subscribed and sworn to before me this 19th day of January 2022



JANISE L. WACKER
My Commission Expires
October 23, 2022
Jackson County
Commission #14427463

Notary Public

10/23/2022

My Commission Expires



LEE'S SUMMIT MISSOURI

FINAL DEVELOPMENT PLAN APPLICATION

1. PROJECT NAME: HCA Lee's Summit Medical Center - ICU Expansion
2. PROPERTY ADDRESS: 2100 SE Blue Parkway
3. ZONING OF PROPERTY: CP-2 Planned Community Commercial
4. LEGAL DESCRIPTION (attach if description is metes and bounds description):
Existing facility expansion on existing property
5. Size of Building(s) (sq. ft): 5,500 sf addition Lot Area: _____
6. APPLICANT ACI Boland Architects PHONE 816.595.9546
CONTACT PERSON Harriet Grindel FAX _____
ADDRESS 1710 Wyandotte CITY/STATE/ZIP KCMO
E-MAIL hgrindel@aciboland.com 64108
7. PROPERTY OWNER HCA Midwest PHONE 816.282.5018
CONTACT PERSON John McDonald FAX _____
ADDRESS 2100 SE Blue Parkway CITY/STATE/ZIP Lee's Summit, MO 64063
E-MAIL Johnathan.McDonald@hcahealthcare.com
8. ENGINEER/SURVEYOR GBA PHONE 913.577.8266
CONTACT PERSON Clint Loumaster FAX _____
ADDRESS 9801 Renner Blvd Suite 300 CITY/STATE/ZIP Lenexa, KS 66219
E-MAIL cloumaster@gbateam.com
9. OTHER CONTACTS _____ PHONE _____
CONTACT PERSON _____ FAX _____
ADDRESS _____ CITY/STATE/ZIP _____
E-MAIL _____

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

PROPERTY OWNER

Print Name: John McDonald - HCA Midwest Health

APPLICANT

Harriet Grindel - ACI Boland Architects

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