



FINAL DEVELOPMENT PLAN APPLICATION

1. PROJECT NAME: Saint Luke's East Hospital - ASC Expansion & Renovation
2. PROPERTY ADDRESS: 100 NE Saint Luke's Blvd
3. ZONING OF PROPERTY: CP-2
4. LEGAL DESCRIPTION (attach if description is metes and bounds description): _____
Lot 1 of Saint Luke's Hospital of Lee's Summit Lots 1 and 2, a subdivision of land in the City of
Lee's Summit, Jackson County, Missouri
5. Size of Building(s) (sq. ft): 62,214 sf additional Lot Area: 40.27 acres
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6. APPLICANT BHC PHONE 913-905-1567
CONTACT PERSON Kurt Yoder FAX 913-663-1633
ADDRESS 7101 College Blvd, Suite 400 CITY/STATE/ZIP Lee's Summit, MO 64086
E-MAIL kurt.yoder@ibhc.com
7. PROPERTY OWNER Saint Luke's East Hospital PHONE 210-284-7836
CONTACT PERSON TJ Steinkirchner FAX _____
ADDRESS 901 E 104th St CITY/STATE/ZIP Kansas City, MO 64131
E-MAIL tsteinkirchner@saint-lukes.org
8. ENGINEER/SURVEYOR BHC, same as above PHONE _____
CONTACT PERSON _____ FAX _____
ADDRESS _____ CITY/STATE/ZIP _____
E-MAIL _____
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: _____

APPLICANT
Kurt Yoder

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



SS.

Comes now _____ (owner)

Lot 1 of Saint Luke's Hospital of Lee's Summit Lots 1 and 2, a subdivision of land in the City of

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 _____ day of _____, 20____

Signature of Owner

Printed Name

Subscribed and sworn to before me this _____ day of _____, 20_____

Notary Public

My Commission Expires