



PLANNING
ENGINEERING
IMPLEMENTATION

Date: March 23, 2025

Meeting Date: March 19, 6:00 PM

Location of Meeting: Mid-Continent Public Library - Lee's Summit Branch
150 N.W. Oldham Parkway
Lee's Summit, MO 64081-1501

Project: PL2025038, Valvoline PDP

Neighborhood Attendees: Steve & Karen Baxter
611 NW Ward Road, 816-679-7611

Development Team: Daniel Finn – Phelps Engineering
John Davis – WSO Partners, LLC

-
1. Steve and Karen Baxter were the only attendees of the Neighborhood Meeting.
 2. Around 6:00 PM, John Davis and Daniel Finn welcomed the attendees. The proposed project was explained as well as the City's approval process and current anticipated schedule for public hearings. The notice process and distance from project to neighbors was also discussed.
 3. Steve/Karen voiced that they felt that the proposed Valvoline business did not fit the surrounding area. They were concerned that there could be some noise issues from business operations, employees (music), etc... They also were concerned about a potential hit to the property values. They also stated that the original plan included office buildings.
 4. John explained the difficulties of the site given the limited space which results in a limited number of potential tenants. He explained that Valvoline is a great national tenant that prides itself on cleanliness. The proposed Valvoline will be a corporate run location with strict internal standards.
 5. Steve/Karen asked if there was any feedback from other neighbors.
 6. John confirmed that no other neighbors have provided any comments on the plan.

7. Steve voiced his concern that the building would not be easy to convert in the future and would always remain an oil change user.
8. John mentioned that he has worked on a previous oil change facility that was converted to a drive thru restaurant in the Kansas City area. He also discussed the proposed user being less intense on the surrounding street system compared to other potential drive thru restaurant users.
9. Steve/Karen, reiterated that their main concern was the fit of the business in the area.
10. John showed the landscape plan and explained that there will be landscaping screening along the south side of the drive to help screen the use and provide a natural buffer.
11. The meeting concluded at around 6:30 pm



PLANNING
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IMPLEMENTATION

March 12, 2025

Re: Neighborhood Meeting for proposed **Valvoline Oil Change**.

Dear Neighbor,

I would like to invite you to an informational meeting that we are hosting for our neighbors regarding the proposed Valvoline Oil Change at 610 NW Chipman Road, Lee's Summit, MO 64086. The project has been submitted to the City of Lee's Summit as Commercial Preliminary Development Plan application #PL2025038.

See below for the meeting information:

- **Date:** Wednesday, March 19, 2025
- **Time:** 6:00 pm
- **Location:** Mid-Continent Public Library - Lee's Summit Branch
150 W. Oldham Parkway
Lee's Summit, MO 64081
- **Room:** Community Room #1

The proposed Valvoline Oil Change will be located at the NW corner of NW Ward Road and NW Chipman Road. A copy of the proposed site plan and building elevation is attached. We have filed a Commercial Preliminary Development Plan application with the City for their approval and we are pleased to share this information with you and answer any questions you may have.

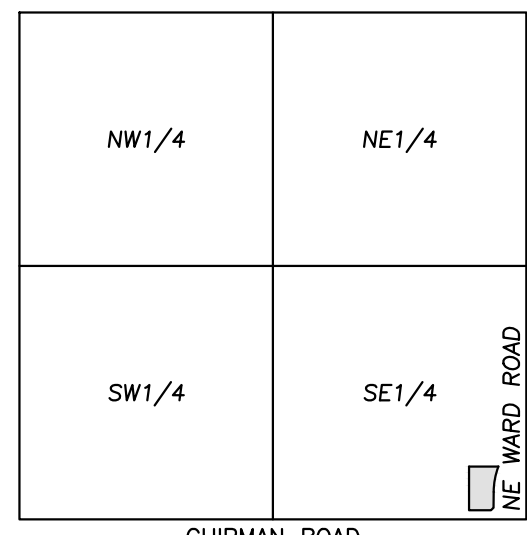
Please feel free to attend this meeting for an opportunity to learn more about the project and discuss any questions you might have.

Sincerely,

Daniel Finn, P.E.
Phelps Engineering, Inc.
(Agent for the owner)
dfinn@phelpsengineering.com

PHELPS ENGINEERING, INC.

1270 N. Winchester - Olathe, Kansas 66061 - (913) 393-1155 - Fax (913) 393-1166 - www.phelpsengineering.com



SUMMIT FAIR, LOTS 10D-10F, A SUBDIVISION IN THE CITY OF LEE'S SUMMIT, JACKSON COUNTY, MISSOURI, ACCORDING TO THE RECORDED PLAT THEREOF.

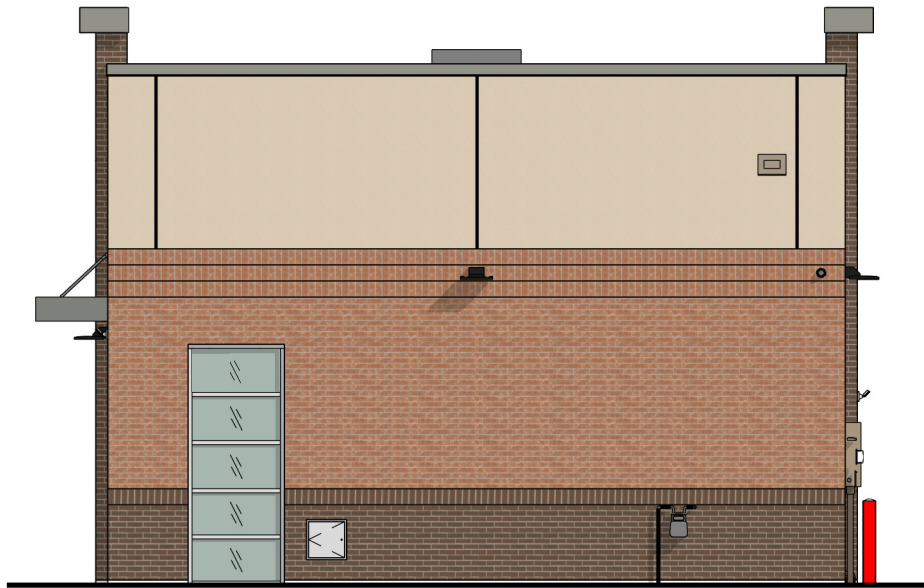
Zoning	PMIX
Lot 10D	1.28 Ac.
Lot 10E	0.77 Ac.
Lot 10F	0.74 Ac.
Total	2.79 Ac.

Lot 10D	
Restaurant w/ Drive Thru	3,300 S.F.
FAR	0.0591
Lot 10E	
Restaurant w/ Drive Thru	2,000 S.F.
FAR	0.0597
Lot 10F	
Automobile Service	1,500 S.F.
FAR	0.0464

Lot 10D		
Building SF = 3,300 S.F.		
Use = Restaurant Fast Food and Site Down Sales		
Required Parking = 14 / 1,000 S.F.		46 Spaces
Parking Provided		48 Spaces
Lot 10E		
Building SF = 2,000 S.F.		
Use = Carry out, drive up, or drive thru only		
# of employees (max shift) = 8		
Required Parking - 2 + 1 per employee (max shift)		10 Spaces
Parking Provided		21 Spaces
Lot 10F		
Building SF = 1,500 S.F.		
Use = Automobile service		
Required Parking = 2 per 1,000 S.F. indoor sales area		
2 per 1,000 S.F. indoor sales area		3 Spaces
1 per 2,500 S.F. outdoor display		0 Spaces
1 per service bay		6 Spaces
Total Required Parking		9 Spaces
Parking Provided		13 Spaces

Lot 10D	
Impervious Area	42,143 S.F. (76%)
Open Space	13,655 S.F. (24%)
Lot 10E	
Impervious Area	22,228 S.F. (66%)
Open Space	11,247 S.F. (34%)
Lot 10F	
Impervious Area	18,840 S.F. (58%)
Open Space	13,469 S.F. (42%)

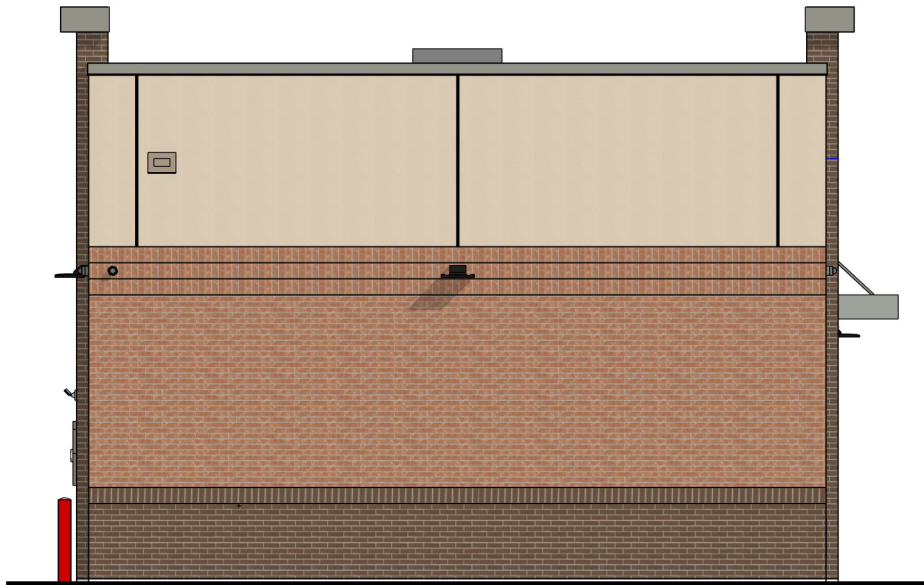
The following uses shall be permitted on Lots 10D, 10E, and 10F.
Retail
Restaurant (Dine in, walk up, and drive thru)
Commercial (including automotive oriented uses)



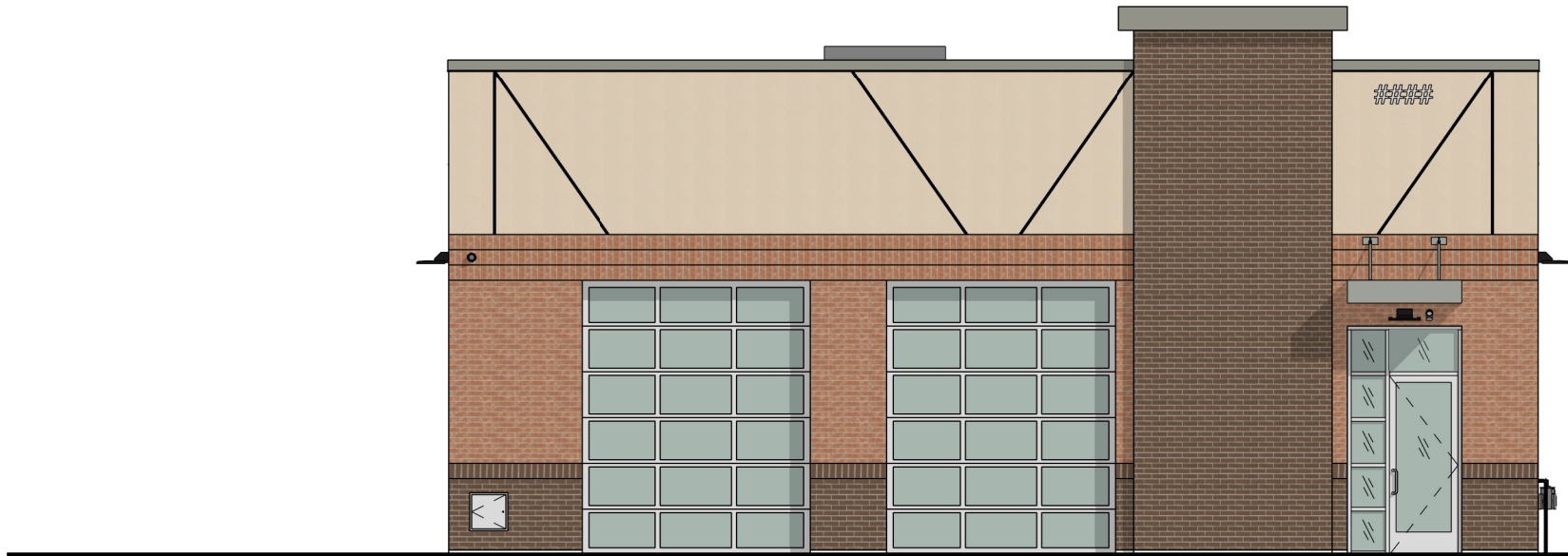
2 EXTERIOR ELEVATION (RIGHT)
Scale: 1/8" = 1'-0"



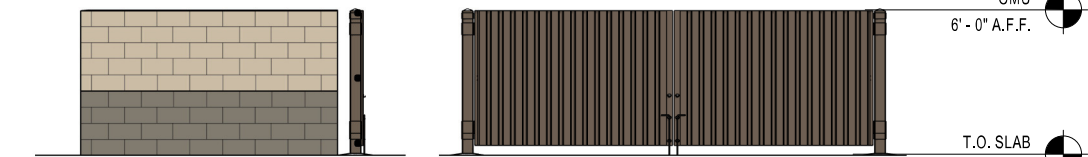
1 EXTERIOR ELEVATION (REAR)
Scale: 1/8" = 1'-0"



4 EXTERIOR ELEVATION (LEFT)
Scale: 1/8" = 1'-0"



3 EXTERIOR ELEVATION (FRONT)
Scale: 1/8" = 1'-0"



5 TRASH ENCLOSURE ELEVATIONS
Scale: 1/8" = 1'-0"

EXTERIOR FINISHES - BRICK / BRICK / CMU					
EXTERIOR INSULATED FINISH SYSTEM:	DRYVIT (SANDPEBBLE FINE) COLOR #1: #113 AMARILLO WHITE	MASONRY SEALER:	ALL MASONRY SURFACES SHALL BE TREATED w/ SEALER.	STOREFRONT SYSTEM:	2x4 1/2" KAWNEER TRIFAB VG 451T SERIES CLEAR ANODIZED ALUMINUM STOREFRONT SYSTEM W/ 1" INSULATED GLAZING.
THIN BRICK #1 (WAINSCOT AND TOWER):	GLEN-GERY "MODULAR BAXTER BROWN WIRECUT"	PREFABRICATED METAL CANOPY:	AWNEX INC. "SEATTLE" DESIGN PREFINISHED TO MATCH PAC-CLAD "SILVER"	TRASH ENCLOSURE:	SPLIT FACE CMU FIELD PAINTED SHERWIN-WILLIAMS SW-7515 "HOMESTEAD BROWN" AND SW-2822 "DOWNING SAND". PROVIDE MOCK-UP AND VERIFY COLOR W/ OWNER.
THIN BRICK #2 (ABOVE WAINSCOT):	GLEN-GERY "MODULAR MT RUSHMORE"	PARAPET CAP FLASHING:	ALUMINUM BREAK METAL PREFINISHED TO MATCH PAC-CLAD "SILVER"	GATE SYSTEM:	FIELD PAINTED SHERWIN-WILLIAMS SW-7515 "HOMESTEAD BROWN". PROVIDE MOCK-UP AND VERIFY COLOR W/ OWNER.
MORTAR:	LEHIGH STANDARD KIT - "BEIGE"	TOWER SOFFIT AND FASCIA:	PAC-CLAD SNAP EDGE EXTENDED FASCIA (12-12") PREFINISHED TO MATCH PAC-CLAD "SILVER"	O.H. DOOR FINISH:	CLEAR ANODIZED ALUMINUM
		THRU-WALL SCUPPER:	ALUMINUM BREAK METAL - PREFINISHED TO MATCH DIMENSIONAL METALS, INC. - "BEIGE"	ACCESS PANEL:	STAINLESS STEEL

T.O. TOWER	± 24' - 0"
T.O. PARAPET	± 21' - 8"
T.O. ACCENT BAND	14' - 0"
B.O. ACCENT BAND	12' - 0"
T.O. WAINSCOT	4' - 0"
UPPER LEVEL	0' - 0"

T.O. TOWER	± 24' - 0"
T.O. PARAPET	± 21' - 8"
T.O. ACCENT BAND	14' - 0"
B.O. ACCENT BAND	12' - 0"
T.O. WAINSCOT	4' - 0"
UPPER LEVEL	0' - 0"

ISSUE RECORD

DATE

LEE'S SUMMIT, MO
2BAY FLAT ROOF - BRICK / BRICK

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BAXTER STEPHEN M & KAREN S - TRUSTEES

15 E 79TH ST

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220 SE GREEN ST

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SHS JACKIE B & MARILYN S-TRUSTEES

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SAK, KYLE A & ROGERS SHANNON K
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<p>1. Article Addressed to:</p> <p>CITY OF LEE'S SUMMIT 220 SE GREEN ST LEES SUMMIT, MO 64063</p>		<p>B. Received by (Printed Name) <i>Sam C. Smith</i></p>	<p>C. Date of Delivery <i>3-14-25</i></p>
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 6824 1074 3700 60 250203-DF</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
		<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>	

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<p>1. Article Addressed to:</p> <p>UHLS JACKIE B & MARILYN S-TRUSTEES 609 NW WARD RD LEES SUMMIT, MO 64063</p>		<p>B. Received by (Printed Name) <i>Jackie B. Uhl</i></p>	<p>C. Date of Delivery <i>3/13/25</i></p>
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 6824 1074 3700 77 250203-DF</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
		<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>	

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input checked="" type="checkbox"/> <i>V. Hernandez</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p>		<p>B. Received by (Printed Name) <i>V. Hernandez</i></p>	<p>C. Date of Delivery</p>
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	

SENDER: COMPLETE THIS SECTION

- ☐ Complete items 1, 2, and 3.
☐ Print your name and address on the reverse so that we can return the card to you.
☐ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

LAW EDWARD T
633 NW KAY DR
LEES SUMMIT, MO 64063



9590 9402 6824 1074 3701 83

250203-DE

2. Article Number (Transfer from service label)

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- ☐ Complete items 1, 2, and 3.
☐ Print your name and address on the reverse so that we can return the card to you.
☐ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

VD SUMMIT LLC
275 MADISON AVE STE 1100
NEW YORK, NY 10016



9590 9402 6824 1074 3705 03

250203-DE

2. Article Number (Transfer from service label)

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☒ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

Domestic Return Receipt