



CITY OF BLUE SPRINGS
903 Main St, Blue Springs, MO 64015

NAME OF BUSINESS _____ DATE _____

Said applicant is to occupy _____
(Dimensions of Area / Square footage)

Building or Structure located at _____
(Address)

Type of Construction _____
Exterior Interior Floors (carpet/tile/wood)

Owner of Building _____
Name Mailing Address

Parking _____ Number of Parking Spaces _____
Type of Paving

Missouri Drivers License _____

Home Based Business? () YES () NO

Property's Zoning: _____

Applicant Name _____ Home Phone Number _____

Home Address _____
Street City/State Zip

Comments _____

Codes Administrator _____ Date _____