

Lee's Summit Scope of Work Statement

Codes Administration Department 220 SE Green Street Lee's Summit, MO 64063

Phone: (816) 969-1200 Fax: (816) 969-1201 Revised November 22, 2011

Contractor: TRI-C CONSTRUCTION	Contact Name: GREG BRADSHAW
Address: 1765 MANDENAN ROAD	
City: AKRON	State: OH Zip: 44313
Phone: 330-472-9870	Fax:
•	
Project Address: 62 (Sw 3nd Smet	CVS
Name of Owner: CVS PHARMACY	-
Scope of Work: TEMP ELECTNICA	L POWEN POLE,
Cost of project including labor \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
AFFIDAVIT: I hereby certify that I have the authority to make the foregoing application and that the application,	
the best of my knowledge, is complete and correct and that the permitted construction will conform to the regulations in the Codes adopted by the City of Lee's Summit and all applicable ordinances.	
	2
J/ Ent	Figure of Applicant $\frac{3-28-2012}{\text{Date}}$
Signature of Owner or Authorized Agent Printed N	ame of Applicant Date