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:	Reinhold Electric	Contact Name:	
Address:	25/1 Loman Ferry Rol.	SAMMA AMAG	
City:	Salat Louis	State: MO Zip: <u>63125</u>	
Phone:	314/631-1158	Fax: 314/631-6750	

Ler's SUMMIK Sam N.F. **Project Address:** 086 04 Name of Owner:

Instal MLO Breaker Scope of Work: Ťσ 60 4 SOCKAL yp. CC and 2 ₽ 6 hico thron a p

2000 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.

Signature of Owner or Authorized Agent

Rick Kor

Printed Name of Applicant

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