

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

P					
Contractor: 640	E6 BORDNER	- CONST	Contact Name:	GREG	GORDNER
Address: // 70.5			_		
· · · · · · · · · · · · · · · ·	AYTOWN		State: MO	Zip: <u>69</u> 2.	3.P
Phone: P16	/		Fax: 816	- 737- 511	0
<u> </u>	707 0003				
	2-1	<i>C</i>	15-0 11.		2_
Project Address:	206 MARYA	3.00	150 140	y 613.77	<u>.</u>
Name of Owner:	YUNKYN	GA.	VELAS		
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Scope of Work:					
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Cost of project including	ng labor \$	000	•		
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AFFIDAVIT: I hereby (certify that I have the author e, is complete and correct a	ity to make th	e foregoing applic	ation and that the app	lication,
	the City of Lee's Summit ar			n will comotin to the	regulations
			_		
Coner Gardin	UL.	GRE6	BORDNE	R	4-9-12
Signature of Owner or A	uthorized Agent	Printed Nam	e of Applicant	·	Date
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			CODES ADM	V\Code Admin\Forms\Scor	ne at Work Statement vic