

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:	Contact Name: 196 Rec
Address: 2/3 NW BILACK TWIG	
	State: <u>40</u> Zip: <u>6408</u> 1
	Fax:
Project Address: 7/3 NW Black Fa	46
Name of Owner: ROBORT D Reed	
Scope of Work: MOUNT METER CAST From Pulp To House	
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Cost of project including labor \$ 400	
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 Printed Name	D. Rece 6-16-12 of Applicant Date