

Permit Applicant: \_\_\_\_\_

## Lee's Summit Permit Application

Codes Administration Department 220 SE Green St. PO Box 1600 Lee's Summit, MO., 64063 Phone: 816-969-1200 Fax: 816-969-1201

| # | 280 | ,93 |
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For Office Use Only:

Permit # [PLESZO12]059

## PRAIRIE LEE LAKE LOW PRESSURE SEWER SYSTEM

| Applicant's Address: 1516 NE HAPDAGE   | CROLE                    |          |  |
|--|--------------------------|----------|--|
| City: \( \sum_{\infty} \)  | State: MD Zi             | p: 64086 |  |
| Phone: 816-524-0878  | Fax: 816-524-85          | 78       |  |
| Project Street Address: 1502 HE HAPPACE  Project Valuation (labor, materials, equipment): \$ 5,8   |                          | MD       |  |
| Number of drain openings (toilets, sinks, tubs/showers, washing machine):  **Do not count floor drains or sump pumps in drain opening calculation)   |                          |          |  |
| Please Check yes or no to the followi  | ng: Ye                   | s No     |  |
| Site Plan submitted?   | 1/                       |          |  |
| Grinder pump specifications / cut sheet submitted?   |                          |          |  |
| Control / Alarm panel specifications / cut sheet subn  | nitted?                  |          |  |
| Plumbing Contractor: INTEGRITY PLUMBING  |                          |          |  |
| Electrical Contractor: MYSELF  | <del></del>              |          |  |
| AFFIDAVIT: I hereby certify that I have the authority to make the foregoing application and that the application, to 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. |                          |          |  |
|  | rinted Name of Applicant | Date     |  |