## 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

Contact Name: **Contractor:** Address: Zip: le Ce MS State: City: Fax: 4 Phone: 6 **Project Address:** Name of Owner: (VE A 600 lini 1est 00 10h ru asta Scope of Work: 150 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. (1 h

Signature of Owner or Authorized Agent

Printed Name of Applicant

-17-2012

.....CODES ADMIN\Code Admin\Forms\Scope of Work Statement.xls