Signature of Owner or Authorized Agent

## 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

PRASS 2013 0709

City: <u>Gran</u> Phone: EN	and view.	WW		State: <u>// (v)</u> Fax: (8)%)	Zip: <u>640</u> 761-456	沙 ()	
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Project Address:	2/10	NN Cl	nipmar	Lee S	un mit		
Name of Owner:							
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Scope of Work:	- took	- DRIVE	Por se	ner lina		<u></u>	<u> </u>
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Cost of project i	including labor \$	1375	3				• 
AFFIDAVIT: I	hereby certify tha	t I have the au	thority to make of and that the r	the foregoing app ermitted construct able ordinances.	lication and that tion will confor	the application n to the regular	ı, tions

Printed Name of Applicant

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