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: Integral Construction Services **Contact Name:** _____
Address: on File
City: _____ **State:** _____ **Zip:** _____
Phone: _____ **Fax:** _____

Project Address: 1164 NE Douglas ST
Name of Owner: _____

Scope of Work: MECH - NO WORK

ELECTRICAL - INSTALL NEW RECEPTICES
INSTALL 6 OR 8 NEW LIGHT FIXTURES

PLUMBING - INSTALL 4 NEW SINKS AND 1 NEW 40 GAL HEO HEATER

GENERAL DEMO OF NON BEARING WALLS - SHEETROCK PAINT & FLOOR IMPROVEMENTS

Cost of project including labor $ NA

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 of Applicant _____ Date 4/2/14