

Scope of Work

**Lee's Summit Re-Roof Permit Application**



Codes Administration Department  
220 SE Green Street  
Lee's Summit, MO 64063

Phone: (816) 969-1200 Fax: (816) 969-1201  
Revised July 27th, 2011

For Office Use Only:  
\_\_\_\_\_  
\_\_\_\_\_

Contractor: KASA Electric llc Contact Name: \_\_\_\_\_  
Address: 1911 S.W.S. 40 Hwy  
City: Blue Springs, MO State: MO Zip: 64015  
Phone: 816-228-4886 Fax: \_\_\_\_\_

Project Address: 2225 N.E. Independence Ave Lee's Summit, MO 64064  
Name of Owner: Lee's Summit Volkswagen

Indicate type of roof material. Check box of nearest match.  
 Composition/Laminate/3-tab       Metal       Other \_\_\_\_\_  
 Concrete, Clay, Slate       Wood (minimum class 'C' fire treated)  
If other than a complete tear-off, explain method and describe materials. \_\_\_\_\_  
If other than 100% replacement, what percentage of roof will be re-surfaced? \_\_\_\_\_

Cost of project including labor: \$ 800<sup>00</sup>

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]  
Signature of Owner or Authorized Agent

Justin Daniel  
Printed Name of Applicant

3-9-14  
Date