

LEE'S SUMMIT
MISSOURI

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

14-1986

Contractor:	Total electric	Contact Name:	Jim
Address:	PO HW Indor P.O. Box 13247		
City:	Indor Edwardsville	State:	KS
Phone:	(913) 441-0692	Zip:	66216
		Fax:	

Project Address: 90 NW Tudor rd
Name of Owner: City of Lees Summit

Scope of Work: Installing a street light controller

Cost of project including labor \$	1,000
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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.

Joe Leonard
Signature of Owner or Authorized Agent

Joe Leonard
Printed Name of Applicant

7/17/14
Date