14-3158 \$30



Scope of Work Statement

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Contractor: D. E.A. ELectvi C Contact Name: DAVIO E. ALEXANDER
Address: 37605 E. J.M OWEN'S RD.
City: OAK Grove State: MO. Zip: 64075
Phone: (8/6) 690-3/99 Fax: (8/6) 690-3/99
Project Address: 1001 SW Blue PARKWAY Lec Sunnit MO. 64063
Name of Owner: Quick Trip
Scope of Work: ReLOCATE AREA Light Pole BASE
The state of the s
Cost of project including labor: \$ 500.00
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 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
LOSE-Office DAVIDE. ALEXANDER 11-11-19
Signature of Owner or Authorized Agent Printed Name of Applicant Date
6/23/14 M:\CODES ADMIN\Forms and Handouts\Codes\Forms\Scope of Work Statement.xls