

## LEE'S SUMMIT

**Scope of Work Statement** 

Home on	Med					
Applicant: 5c	OTT MAYER					· · ·
	NW SHAMRO	ick Aur				
City: LEE	'S SUMMIT		State: N			180
——————————————————————————————————————	SCOTT MAYER		Phone: 8	16-835.	-168	2
On-site Contact			Phone:			
Project Address:	<del>0.18 c</del>		**			·
Name of Owner:						
Scope of Work:	FRANZUG FOR ALL W/ RLECT	NEW FIREPLI	ACE, F.	IRE PL	Ace	INSERT
I NST	ALL W/ RLECT	RICAL TO	FIREP	ACR A	ND (	OUTLET
<del></del>		<u> </u>				
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				<u>.</u>		
Cost of project include	ling labor: \$ 2,000	•				
the best of my knowl	certify that I have the authoriedge, is complete and correct des adopted by the City of Lee	and that the permitted coes's Summit and all applical	onstruction wil ble ordinances.	conform to ti	ne	
Stonature of Owner	r Authorized Agent	S'eoTT MA Printed Name of Applica	YER	<del></del> !	/3	MAY 201
O'BITALLITE OF OWNER O	Authorized Agent	rnnted warne of Applica	ant		Date	
	1,	/27/15 M:\CODES ADMIN\Form	s and Handouts\C	odes\Forms\Scop	e of Worl	Statement.xls