

## **Scope of Work Statement**

Applicant:	Scott Beisco, All	About Plumbruc
Address:	FOY SE DOUGLAS	
City:	Loz Summit	State: M. Zip: 6407.3
<b>Primary Contact</b>	877-3949	Phone: 816-877-3949
On-site Contact	_SANI	Phone:

Project Address:	2265E	Douglas	S. 12 205	
Name of Owner:	_ Bin Ren	6 5		· · · · · · · · · · · · · · · · · · ·

l SINK C Scope of Work: 41

Cost of project including labor: \$ / coO

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

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Planning & Codes Administration | 220 SE Green Street, Lee's Summit, MO 64063 P: 816.969.1200 | F: 816. 969.1201 | cityofls.net