

LEE'S SUMMIT

Scope of Work Statement

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Applicant: ARA ELECTRICAL INC	
Address: 1.0 Box 576	
city: GRAIN VALLY	tate: MO _ Zip: (04029
Primary Contact HAYDN AMBREDE PH	none: 816-847-1902
On-site Contact HATON ANTROOM Ph	ione: <u>246 985-2091</u>
Project Address: 2599 NF MCBAINE DR	
Name of Owner: Couch ST	
Scope of Work: INSTALL 20 AMP SERVICE 7	W CONCAST
CABINET	
Cost of project including labor: \$/ 000 . ico	
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 Date	