



**LEE'S SUMMIT**  
**MISSOURI**

**Scope of Work Statement**

Applicant:	<u>Rob Rente</u>		
Address:	<u>207 SW 2nd St Lee Summit MO 64063</u>		
City:	<u>Lee Summit MO</u>	State:	<u>MO</u> Zip: <u>64063</u>
Primary Contact	<u>Rob Rente</u>	Phone:	
On-site Contact		Phone:	

Project Address:	<u>207 SW 2nd St Lee Summit MO 64063</u>
Name of Owner:	

Scope of Work:	<u>Spet Repair</u>

Cost of project including labor: \$	<u>3500.00</u>
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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.

[Signature]  
Signature of Owner or Authorized Agent

Michael Hickey  
Printed Name of Applicant

10-19-15  
Date