



# LEE'S SUMMIT MISSOURI

## Scope of Work Statement

|                 |                               |        |                             |
|-----------------|-------------------------------|--------|-----------------------------|
| Applicant:      | <u>Morgan Miller Plumbing</u> |        |                             |
| Address:        | <u>PO Box 499</u>             |        |                             |
| City:           | <u>Grandview MO 64030</u>     | State: | <u>MO</u> Zip: <u>64030</u> |
| Primary Contact | <u>Bob Quirk</u>              | Phone: | <u>816-986-9903</u>         |
| On-site Contact | <u>Joe Rodriguez</u>          | Phone: | <u>816-504-7407</u>         |

|                  |                               |
|------------------|-------------------------------|
| Project Address: | <u>709 NW Black Twiggy LN</u> |
| Name of Owner:   | <u>ANNA McWhirt</u>           |

|                |                                     |
|----------------|-------------------------------------|
| Scope of Work: | <u>Replace water sup. line from</u> |
|                | <u>meter to house</u>               |
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|---------------------------------------------------------------|
| Cost of project including labor: \$ <u>3500.<sup>00</sup></u> |
|---------------------------------------------------------------|

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

Robert Quirk  
Printed Name of Applicant

1-13-16  
Date