



Applicant: Henry Constellation
Address: 3605 Main St
City: Grand View
Primary Contact: Stacy Henry
On-site Contact: Axel
State: MD Zip: 641081
Phone: _____
Phone: 816-215-1075

Project Address: 110 SW 3rd St L.S. mo
Name of Owner: Doug Dohman

Scope of Work: framing of Roof.

\$1200⁰⁰

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 _____

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