

Scope of Work Statement

Applicant: Midwest Comfort Homes LL Address: 1100 SW 24th St Ct	LC.
	State: <u>MO</u> Zip: 64015
City: Blue Springs Primary Contact Travis Thonen	Phone: 816-352-6767
On-site Contact David Pfeiler	Phone: 816 - 988 - 8297
Oll-Site Contact (XXVI) 174 X Y	THOIS
Project Address:	
Name of Owner:	
Scope of Work:	
- Change light fixtues over tables	
- The in went hood	
- Add one aluq	
- Campa draps (Eat 5)	
Cost of project including labor: \$ 1,200.00	
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 Print	ted Name of Applicant Date

 $1/27/15 \ \ M:\ CODES\ ADMIN\ Forms\ and\ Handouts\ Codes\ Forms\ Scope\ of\ Work\ Statement. x is$