

## **Scope of Work Statement**

Applicant:	LEPOGRIC LUC
Address:	603 SET CRANE PA 4330 YEZKOR BIE
City:	CASS State: FS Zip: 660104
Primary Contact	CRACS D LUND Phone: (913) 406-7333
On-site Contact	Phone:
Project Address:	3603 S. W. CRANE ROAD
Name of Owner:	MACIA RIJEGIO
Scope of Work:	10hole house Reagree
Cost of project inc	cluding labor: \$ 46,500.00
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 Owne	er or Authorized Agent Printed Name of Applicant Date
	1/27/15 Mr.\CODES ADMIN\Forms and Handouts\Codes\Forms\Scope of Work Statement.xls