



**LEE'S SUMMIT
MISSOURI**

Scope of Work Statement

Applicant:	<u>Capital Electric Linebuilder</u>		
Address:	<u>360 NW Tudor Rd Lee's Summit, MO 64086</u>		
City:	_____	State:	_____ Zip: _____
Primary Contact	<u>Matt Blann</u>	Phone:	<u>(816) 215-6693</u>
On-site Contact	_____	Phone:	_____

Project Address:	<u>360 N.W Tudor Rd</u>
Name of Owner:	<u>Capital Electric Linebuilders</u>

Scope of Work:	<u>Electrical Service for S.L controller</u>

Cost of project including labor: \$ <u>5000.00</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 of Owner or Authorized Agent	<u>M Blann</u> Printed Name of Applicant	<u>6/17</u> Date
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