

Scope of Work Statement

	Takes Electrical Contactors
Address: 2909 SW 40 High	WAY 11 00
Primary Contact Tohn Rolls	State: Mo. Zip: 64618
	Phone: \$16, 785, 37/7
On-site Contact John Pails	Phone: 81/6, 785, 3717
	<u></u>
Project Address: <u>ISMO AIL</u> Name of Owner:	pact
Scope of Work: Relocate	existing 200A Elec. Suc.
Cost of project including labor: \$ \$500	0
AFFIDAVIT: I hereby certify that I have the authorithe best of my knowledge, is complete and corregulations in the Codes adopted by the City of	nority to make the foregoing application and that the application, rect and that the permitted construction will conform to the Lee's Summit and all applicable ordinances.
Signature of Owner or Authorized Agent	Printed Name of Applicant Date

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