

Scope of Work Statement

Applicant: CONARD PLUMBING, INC.
Address: 8701 C
City: <u>6 C MO 64139</u> State: <u>MV</u> Zip: <u>64139</u>
Primary Contact MICHAEL CONARN Phone: 816 - 507 - 0694 CEC
On-site Contact MICHAEL ON DABON COMM Phone: 816-761 - 8666 OPFICE
Project Address: 836 SW BLUE PARKWM
Name of Owner: ZEHYR PROPERTIES
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Scope of Work:
SET UP TO ROUF TOP UNIT
SET UN TO ROUF TOP UNIT
Cost of project including labor: \$ 4200, 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.
Michael Control 106-17 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