

Scope of Work Statement

Applicant: W	Hiam h Wol	hlleber		
Address: 28	07 NW Chi	oman Rd.	(6.4.2)	
city: <u>Le</u>	es Summit		State: 1/1/2/Zip	
-	William (B)		Phone: 816-40	5-9675
On-site Contact	same.		Phone:	<u> </u>
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Project Address: Name of Owner:	2867 NO	chipman shlleber	RI.	
Scope of Work:	Service V	np-grade	2 32	5 Amp
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Cost of project in	ocluding labor: \$ 1230) <u>ec</u>		
the best of my kr	eby certify that I have the authonowledge, is complete and correct codes adopted by the City of	ect and that the permitte	a construction will confort	e application, n to the
	Stallalan ner or Authorized Agent	Printed Name of Ap	Wuhlleber plicant	11-6-17 Date
•		A 122 ME AAA CODES ADAMM	Forms and Handouts\Codes\Form	acl Compa of Mark Statement i