



LEE'S SUMMIT MISSOURI

Scope of Work Statement

Applicant:	Tij-County Plumbing		
Address:	Po Box 274		
City:	Kingsville	State:	MO
Primary Contact	Don - Don Swafford	Zip:	64061
On-site Contact	Aaron Agcolle	Phone:	816-456-3607
		Phone:	816-918-5556

Project Address:	536 N E Sienna Place
Name of Owner:	

Scope of Work:	install gas under Line Gas Line to Fire Pit

Cost of project including labor: \$	1,000
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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

Aaron Agcolle
Printed Name of Applicant

11-7-17
Date

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