LEE'S SUMMIT
MISSOURI

Scope of Work Statement

Applicant: Langsford Development
Address: 616 SW 3rd St.
City: L.S. MO **State:** MO **Zip:** 64063
Primary Contact Brad Cox **Phone:** 816-~~524-9~~ 304-4324
On-site Contact Same **Phone:**

Project Address: 618 SW 3rd Unit J L.S. MO 64063
Name of Owner: Langsford Dev. Inc.

Scope of Work: Upgrade Electrical

Cost of project including labor: $ 6200

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.

Brad Cox
Signature of Owner or Authorized Agent

Brad Cox
Printed Name of Applicant

1-2-18
Date

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