



LEE'S SUMMIT MISSOURI

Scope of Work Statement

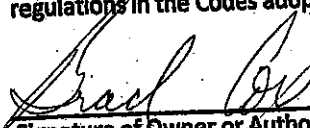
Applicant:	LANGSFORD DEVELOPMENT		
Address:	616 SW 3RD ST.		
City:	L.S. MO	Site:	MO Zip: 64063
Primary Contact:	BRAD COX	Phone:	816-524-9304-4324
On-site Contact:	SAMP	Phone:	

Project Address:	618 SW 3RD UNIT 5 L.S. MO 64063
Name of Owner:	LANGSFORD DEV. INC.

Scope of Work:	UPGRADE ELECTRICAL

Cost of project including labor: \$	1200
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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

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