



LEE'S SUMMIT
MISSOURI

Scope of Work Statement

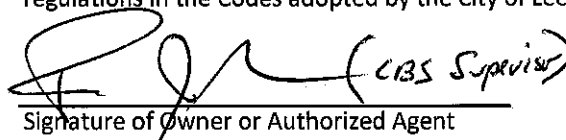
Applicant:	<u>City of Lee's Summit MO</u>		
Address:	<u>10 NE TUDOR RD.</u>		
City:	<u>LS MO</u>	State:	<u>MO</u> Zip: <u>64086</u>
Primary Contact	<u>Ron Johnson</u>	Phone:	<u>816-804-5733</u>
On-site Contact	<u>Dennis Patterson</u>	Phone:	<u>816-804-5733</u>

Project Address:	<u>10 NE Tudor Rd</u>
Name of Owner:	<u>City of Lee's Summit</u>

Scope of Work:
<u>ELECTRICAL MODIFICATIONS TO SUPPORT NEW CUBICLE FURNITURE WHICH IS BEING INSTALLED</u>
<u>IN EXISTING SPACE.</u>

Cost of project including labor: \$ <u>2,823.³⁰</u>
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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.

	<u>Ron Johnson (CBS Supervisor)</u>	<u>1-11-18</u>
Signature of Owner or Authorized Agent	Printed Name of Applicant	Date

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