



**LEE'S SUMMIT**  
MISSOURI

**Scope of Work Statement**

Applicant:	<u>Eldecon Inc.</u>		
Address:	<u>6200-1 NW Kellogg Dr.</u>		
City:	<u>Kansas City</u>	State:	<u>MO</u> Zip: <u>64152</u>
Primary Contact	<u>Paul Hainschild</u>	Phone:	<u>816-225-0543</u>
On-site Contact	<u>Paul Hainschild</u>	Phone:	<u>816-225-0543</u>

Project Address:	<u>400 SW Longview Blvd, Unit 160</u>
Name of Owner:	<u>Rejuvenate</u>

Scope of Work:	<u>Install four hospital grade receptacles</u>

Cost of project including labor: \$ <u>800.00</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.

Paul Hainschild  
Signature of Owner or Authorized Agent

Paul Hainschild  
Printed Name of Applicant

3-7-18  
Date

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