



P.O. Box 7458 • North Kansas City, MO 64116 • Toll Free 1-877-496-3008 • Cell: 816-804-3382 • Fax: 816-221-8693 • E-mail: eciinsp@aol.com
FED IN 36-4707989

Date: December 30, 2020

**Bill To: Schindler Elevator Company
1802 Jasper Street
North Kansas City, Missouri 64116**

Invoice Number: 12-12362-20

**Ref: Accept. Summit Square 11
837 NW Donovan Rd.
Lee's Summit, Mo. 64086**

**Performed Inspections as mandated by the State of Missouri as per codes
RSMO 701.350 THROUGH 701.380 AND 11CSR-5.010 THROUGH 40-
5.150.**

Equipment: State ID. 25095

**Inspection Fee: Performed Re-inspection 07-29-20
2 hrs. including travel @ \$85.00-----\$170.00**

Total \$170.00

**Copies of the Inspection Reports and Check Sheets Showing any Variances
and/or Violations are attached.**

**ALL INVOICES MUST BE PAID BEFORE CERTIFICATES ARE
ISSUED:**

THANK YOU FOR YOUR BUSINESS

Teresa

APPLICATION/INSPECTION

NOTE: ONE APPLICATION/FORM MUST BE SUBMITTED FOR EACH UNIT OF EQUIPMENT

ECI Inc.

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<input checked="" type="checkbox"/> INSPECTION <input type="checkbox"/> VARIANCE		DATE 7.29.20	STATE ID 25095		
OWNER NAME Summit Square Residences		OWNER ADDRESS 4825 NW 41st St. Ste 50		OWNER CITY, STATE, ZIP Riverside, MO 6450	
BILLING NAME (IF DIFFERENT FROM OWNER)		BILLING ADDRESS		BILLING CITY, STATE, ZIP	
LOCATION NAME Summit Square		LOCATION ADDRESS 837 NW Donovan		LOCATION CITY, STATE, ZIP Lee's Summit, MO 64086	
LOCATION COUNTY Jackson		LOCATION PHONE		NUMBER OF UNITS AT LOCATION 2	
ACTIVITY		TYPE OF EQUIPMENT		BUILDING USAGE	
<input type="checkbox"/> NEW INSTALLATION		<input type="checkbox"/> PASSENGER-TRACTION		<input type="checkbox"/> OFFICE/GOVT BUILDING	
<input type="checkbox"/> ALTERATION		<input checked="" type="checkbox"/> PASSENGER-HYDRAULIC		<input type="checkbox"/> HOSPITAL/INSTITUTIONAL	
<input type="checkbox"/> MAJOR ALTERATION		<input type="checkbox"/> PASSENGER-ROPED HYDRAULIC		<input type="checkbox"/> CHURCH/RELIGIOUS	
<input type="checkbox"/> INITIAL INSPECTION		<input type="checkbox"/> FREIGHT-TRACTION		<input type="checkbox"/> COMMERCIAL/INDUSTRIAL	
<input type="checkbox"/> ANNUAL INSPECTION		<input type="checkbox"/> FREIGHT-HYDRAULIC		<input type="checkbox"/> RETAIL	
<input type="checkbox"/> TEMPORARY CERTIFICATE INSP		<input type="checkbox"/> FREIGHT-ROPED HYDRAULIC		<input type="checkbox"/> SCHOOL/LIBRARY/EDUCATIONAL	
<input checked="" type="checkbox"/> REINSPECTION		<input type="checkbox"/> DUMBWAITER		<input type="checkbox"/> PARKING GARAGE	
<input type="checkbox"/> 5-YR TEST		<input type="checkbox"/> ESCALATOR		<input checked="" type="checkbox"/> MULTI/FAMILY RESIDENCE	
		<input type="checkbox"/> MANLIFT		<input type="checkbox"/> MOTEL/HOTEL	
		<input type="checkbox"/> STAIRWAY LIFT		<input type="checkbox"/> BANK	
		<input type="checkbox"/> MATERIAL LIFT		<input type="checkbox"/> NURSING/RETIREMENT HOME	
		<input type="checkbox"/> MOVING SIDEWALK		<input type="checkbox"/> OTHER	
		<input type="checkbox"/> OTHER			
MANUFACTURER Schindler		DATE INSTALLED 6-2020	SERIAL NUMBER M2789	CAPACITY 3500	SPEED 150
NUMBER OF LANDINGS 4	NO. OF OPENINGS (FRONT/REAR) 4	SPECIFIC LOCATION IN BUILDING OR ID		DATE OF 5-YEAR TEST	DATE OF LAST TEST
RELIEF VALVE PRESSURE	SLIDE	GOV ROPE PULLOUT/PULL THRU		DOOR CLOSING FORCE	
DESCRIPTION OF VIOLATION OR VARIANCE: (IF APPLICABLE)					COMPLIANCE DATE
Phone working Certified for General Public Use					
WRITTEN RESPONSE REQUIRED WHEN COMPLIANCE IS COMPLETED					
SIGNATURE OF CONTACT PERSON AT LOCATION			INSPECTOR SIGNATURE		
PRINTED NAME AND TITLE OF CONTACT PERSON AT LOCATION			INSPECTOR STATE ID		
			MO # 257 QEI # 2517		



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FED IN 36-4707989

Date: December 30, 2020

**Bill To: Schindler Elevator Company
1802 Jasper Street
North Kansas City, Missouri 64116**

Invoice Number: 12-12361-20

**Ref: Accept. Summit Square 11 Bldg 3
833 NW Donovan Rd.
Lee's Summit, Mo. 64086**

**Performed Inspections as mandated by the State of Missouri as per codes
RSMO 701.350 THROUGH 701.380 AND 11CSR-5.010 THROUGH 40-
5.150.**

Equipment: State ID. M3046

**Inspection Fee: Performed new Accept. Insp. 10-22-20
4hrs. including travel @ \$85.00-----\$340.00**

Total \$340.00

**Copies of the Inspection Reports and Check Sheets Showing any Variances
and/or Violations are attached.**

**ALL INVOICES MUST BE PAID BEFORE CERTIFICATES ARE
ISSUED:**

THANK YOU FOR YOUR BUSINESS



APPLICATION/INSPECTION

NOTE: ONE APPLICATION/FORM MUST BE SUBMITTED FOR EACH UNIT OF EQUIPMENT

<input checked="" type="checkbox"/> INSPECTION <input type="checkbox"/> VARIANCE	DATE 10/22/20	STATE ID 25097
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OWNER NAME Summit Square Residences		OWNER ADDRESS 8367 NW Donovan		OWNER CITY, STATE, ZIP Lee's Summit, MO 64086	
BILLING NAME (IF DIFFERENT FROM OWNER) "		BILLING ADDRESS "		BILLING CITY, STATE, ZIP "	
LOCATION NAME Summit Square II, Bldg 3		LOCATION ADDRESS 833 NW Donovan		LOCATION CITY, STATE, ZIP Lee's Summit, MO 64086	
LOCATION COUNTY Jackson		LOCATION PHONE		NUMBER OF UNITS AT LOCATION 1	
ACTIVITY		TYPE OF EQUIPMENT		BUILDING USAGE	
<input checked="" type="checkbox"/> NEW INSTALLATION		<input type="checkbox"/> PASSENGER-TRACTION		<input type="checkbox"/> OFFICE/GOVT BUILDING	
<input type="checkbox"/> ALTERATION		<input checked="" type="checkbox"/> PASSENGER-HYDRAULIC		<input type="checkbox"/> HOSPITAL/INSTITUTIONAL	
<input type="checkbox"/> MAJOR ALTERATION		<input type="checkbox"/> PASSENGER-ROPED HYDRAULIC		<input type="checkbox"/> CHURCH/RELIGIOUS	
<input type="checkbox"/> INITIAL INSPECTION		<input type="checkbox"/> FREIGHT-TRACTION		<input type="checkbox"/> COMMERCIAL/INDUSTRIAL	
<input type="checkbox"/> ANNUAL INSPECTION		<input type="checkbox"/> FREIGHT-HYDRAULIC		<input type="checkbox"/> RETAIL	
<input type="checkbox"/> TEMPORARY CERTIFICATE INSP		<input type="checkbox"/> FREIGHT-ROPED HYDRAULIC		<input type="checkbox"/> SCHOOL/LIBRARY/EDUCATIONAL	
<input type="checkbox"/> REINSPECTION		<input type="checkbox"/> DUMBWAITER		<input type="checkbox"/> PARKING GARAGE	
<input type="checkbox"/> 5-YR TEST		<input type="checkbox"/> ESCALATOR		<input checked="" type="checkbox"/> MULTI/FAMILY RESIDENCE	
		<input type="checkbox"/> MANLIFT		<input type="checkbox"/> MOTEL/HOTEL	
		<input type="checkbox"/> STAIRWAY LIFT		<input type="checkbox"/> BANK	
		<input type="checkbox"/> MATERIAL LIFT		<input type="checkbox"/> NURSING/RETIREMENT HOME	
		<input type="checkbox"/> MOVING SIDEWALK		<input type="checkbox"/> OTHER	
		<input type="checkbox"/> OTHER			
MANUFACTURER Schindler		DATE INSTALLED 2020		CAPACITY 3500	
NUMBER OF LANDINGS 5		NO. OF OPENINGS (FRONT/REAR) 5		SPEED 150	
		SPECIFIC LOCATION IN BUILDING OR ID CTR		DATE OF 5-YEAR TEST	
				DATE OF LAST TEST	
RELIEF VALVE PRESSURE 320		SLIDE		GOV ROPE PULLOUT/PULL THRU	
				DOOR CLOSING FORCE	
DESCRIPTION OF VIOLATION OR VARIANCE: (IF APPLICABLE)				COMPLIANCE DATE	
<p>Speeds ↑ 140 106 ↓ 85 136</p> <p>Pressure 420 psi</p> <p>Pit ear HW E. light phone smokes MR, 1, 2, 3, 4, 5, HW Heats MR</p> <p>Released for General Public Use</p> <p>Pending floor & pit ladder *Send photos when finished</p> <p>816-392-3082 Teresa Evans</p>					
SIGNATURE OF CONTACT PERSON AT LOCATION MO Lic # 304				INSPECTOR SIGNATURE	
PRINTED NAME AND TITLE OF CONTACT PERSON AT LOCATION Chris Allen				INSPECTOR STATE ID MO # 257 QE1 # 2917	

DISTRIBUTION: WHITE - STATE OF PINK - INSPECTOR CANARY - OWNER GOLDENROD - MUNICIPALITY