

 	For Office	Use Only:

RE-ROOF APPLICATION

Contractor: FIRST CLASS GENERAL Contact Name: JAFET MUARES
Address: CONTIRACTINGLLC. 2316 W-1-46016.
City: 23/6 W 127 TH ST. State: Zip:
Phone: LEAWOOD KS 66209 Email: Jafet 2014@ YAHOO, COM
816-8729776
Project Address: 123 SE THIRD ST LEE'S SUMMIT MO 64063
Name of Owner: ANDY LOCK
Indicate type of roof material. Check box of nearest match. Composition/Laminate/3-tab Metal Concrete, Clay, Slate Wood (minimum class 'C' fire treated) WEMBRANE
If other than a complete tear-off, explain method and describe materials.
If other than 100% replacement, what percentage of roof will be re-surfaced? 60 mil TPO System
Cost of project including labor: \$ 30,000
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) GERARIO MIJAIZES Printed Name of Applicant Date

Revised 8/23/18