

TRANSMITTAL No. 001

To: City of Lee's Summit

Date: 9/18/24

Contract No: 20755M

Attn: Plan Reviewer

Job Name: SLH East ED Patient
Treatment Expansion

The following listed items are enclosed:

☒ Drawings ☐ Submittal Data ☒ Hydraulics ☐ Other

Copies	Dated	Drawing No.	Description
1	9/13/24	1 of 1	FP Drawings for Approval (PDF COPY)

These are transmitted to you for:

☒ Approval ☐ Your use ☐ Coordination ☐ Construction

Please return 2 copy(s) bearing your approval.

REMARKS: Please find attached the above referenced item(s).
Please return (2) copy(s) bearing your approval. If you have any
questions, please contact Coby A. at (913) 422-3770. Thank you.

Shelly Meyers
Administrative Assistant

