



LEE'S SUMMIT MISSOURI

Scope of Work Statement

Applicant*: APEX DECK AND RAIL LLC ☒ Contractor ☐ Homeowner ☐ Other _____

*Please use licensed business name if applicable

Primary Contact: CHRIS WATSON Phone: 816-309-7562 Email: cmwatson07@yahoo.com

Project Address: 3121 SW BLUE RIBBON ST.

Name of Owner: BEN CUMMINGS Phone: 417-872-7877

☒ Residential ☐ Commercial

Cost of project including labor \$ 30,000

- | | | | |
|--|--|----------------------------------|--|
| Water service | ☐ Repair | ☐ Replace | ☐ Work in right of way? |
| Sewer service | ☐ Repair | ☐ Replace | ☐ Work in right of way? |
| Electrical service | ☐ Repair | ☐ Replace | Amperage: _____ (Engineer required of ≥ 400) |
| Accessory Structure | Description: _____ | | Square feet _____ |
| Interior Alterations | Description: _____ | | Square feet _____ |
| Addition | Description: _____ | | Square feet _____ |
| ☐ Uncovered deck | ☐ Covered deck | Deck square footage: _____ | |
| ☐ Swimming pool | ☐ HVAC Replacement | | |
| ☐ Lawn Irrigation | ☐ Retaining wall over 48" | | |

Detailed description of work:

- RE-FLOOR EXISTING DECK
- BUILD DECK EXTENSION WITH STAIRS

Licensed contractors used for scope of work to be completed:

Mechanical: _____ Electrical: _____

Plumbing: _____ Structural: _____

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 Applicant

CHRIS WATSON
Printed Name of Applicant

7-22-25
Date

Updated 11/2023 Codes Admin/Forms/Codes/Forms/Scope of Work Statement