LEE'S SUMMIT
MISSOURI

Scope of Work Statement

Applicant*: All-Pro Renovations LLC ☒Contractor ☐Homeowner ☐Other_____

*Please use licensed business name if applicable

Primary Contact: Savannah Wall Phone: 913-634-1169 Email: Permits@all-proserviceskc.com

Project Address: 2743 SW 11th Terr, Less Summit Mo 64081

Name of Owner: Derrick Reichneker Phone: 816-719-6092

☒Residential ☐Commercial Cost of project including labor $ 23,500.00

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:

Covered deck install per the attached plans

Licensed contractors used for scope of work to be completed:

Mechanical: _____ Electrical: _____

Plumbing: _____ Structural: All-Pro Renovations LLC

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	Printed Name of Applicant	Date
	Dillon Bettinger	7/29/2025

Development Services|220 SE Green Street, Lee's Summit, MO 64063
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