



LEE'S SUMMIT MISSOURI

Scope of Work Statement

Applicant*: Anthony PHCE Contractor Homeowner Other _____
 *Please use licensed business name if applicable
 Primary Contact: Krista Conners Phone: 9134216670 Email: permits@anthonyphce.com

Project Address: 2922 SW Aborigine Dr
 Name of Owner: Tim Smith Phone: _____
 Residential Commercial Cost of project including labor \$ 6156

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

Detailed description of work:

 Installing new 9k BTU minisplit.

Licensed contractors used for scope of work to be completed:
 Mechanical: 2025-0010995 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.

Krista Conners

Krista Conners

8/8/25

Signature of Applicant

Printed Name of Applicant

Date

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