



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

Signature of Applicant

Krista Conners

Printed Name of Applicant

8/8/25

Date

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