



LEE'S SUMMIT MISSOURI

Scope of Work Statement

Applicant*: Palmer Electric ☒ Contractor ☐ Homeowner ☐ Other _____

*Please use licensed business name if applicable

Primary Contact: Vanessa Juergens Phone: 816.479.2587 Email: vjuergens@peckc.com

Project Address: 2701 NE Mc Baine Dr

Name of Owner: Associated Plastic Surgeons Phone: N/A

☐ Residential ☐ Commercial Cost of project including labor \$ 500

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: <u>100</u> (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:

100 amp temporary Service for jobsite

Licensed contractors used for scope of work to be completed:

Mechanical: _____ Electrical: Palmer Electric

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.

Vanessa Juergens
Signature of Applicant

Vanessa Juergens
Printed Name of Applicant

8/28/25
Date