

Scope of Work Statement

Applicant*: Contractor DHomeowner DOther					
*Please use licensed business name if applicable Primary Contact: Phone		• •	Email:		
Name of Owner: Phone: Phone: Phone:					
Water service □Repair □Replace □Work in right of way?					
Water service		□Replace	· ·	·	
Sewer service	□Repair	□Replace	□Work in right	t of way?	
Electrical service	•	□Replace		(Engineer required of ≥ 400)	
Accessory Structure		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:					
Licensed contractors used for scope of work to be completed: Mechanical: Electrical:					
Mechanical: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.					
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Signature of Applican	t	Printed N	Name of Applicant	Date	