



LEE'S SUMMIT MISSOURI

Scope of Work Statement

Applicant*: AAA ELECTRICAL, INC ☒ Contractor ☐ Homeowner ☐ Other _____

*Please use licensed business name if applicable

Primary Contact: NAYDN AMBROSE Phone: 816-847-1902 Email: ADMIN@AAAELECTRICALINC.COM

Project Address: 1515 SE FALLING STAR DR
Name of Owner: COMCAST Phone: 270-213-3319

☒ Residential ☐ Commercial Cost of project including labor \$ 1500.00


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>20</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: INSTALL NEW 20A 240V SERVICE FOR COMCAST CABINET

Licensed contractors used for scope of work to be completed:

Mechanical: _____ Electrical: AAA 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.


Signature of Applicant

NAYDN AMBROSE
Printed Name of Applicant

9-3-25
Date

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

