LEE'S SUMMIT
MISSOURI

Scope of Work Statement

Applicant*: PAM SMITHEE/SCHROEDER ELECTRIC LLC ■Contractor ☐Homeowner ☐Other_____

*Please use licensed business name if applicable

Primary Contact: LANDON SCHROEDER Phone: 816-456-0103 Email: schroederelectricco@icloud.com

Project Address: 801 NE RICE RD LEE'S SUMMIT MO 64086 (KC DANCE)

Name of Owner: JENNIFER Phone: 816-379-0607

☐Residential ■Commercial Cost of project including labor $ $3,000.

Water service	☐Repair	☐Replace	☐Work in right of way?
Sewer service	☐Repair	☐Replace	☐Work in right of way?
Electrical service	☐Repair	■Replace	Amperage: 100 (Engineer required of ≥ 400)
Accessory Structure	Description: _____		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:

PANEL REPLACEMENT AND DISCONNECT REPLACEMENT

Licensed contractors used for scope of work to be completed:

Mechanical: N/A Electrical: SCHROEDER ELECTRIC LLC

Plumbing: N/A Structural: N/A

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.

Pam Smithee
Signature of Applicant

PAM SMITHEE
Printed Name of Applicant

09/25/2025
Date

Development Services | 220 SE Green Street, Lee's Summit, MO 64063
P: 816-969-1200 | F: 816-969-1201 | cityofls.net