LEE'S SUMMIT
MISSOURI

Scope of Work Statement

Applicant: Staco Electric _____ Contractor/Homeowner/Tenant? (Circle one)
Primary Contact: David Logsdon_ Phone: 816.543.9059 Email: dlogsdon@stacoelectric.com

Project Address: 2100 SE Blue Parkway Lee's Summit MO. 64063_____
Name of Owner: Lee's Summit Hospital_____ Phone: 816.751.3000_____
Residential/Commercial? (Circle one)

Water service repair/replace: ☐ Work in right of way? ☐
Sewer service repair/replace: ☐ Work in right of way? ☐
Electrical service repair/replace X Amperage: 200_____ (Engineer required of ≥ 400)
HVAC repair/replace ☐
Uncovered deck: ☐ Covered deck: ☐ Square feet: _____
_____
Accessory Structure: ☐ Description: _____ Square feet ___
_____
Interior Alterations: ☐ Description: _____ Square feet ___
_____
Addition: ☐ Description: _____ Square feet ___
_____
Retaining wall over 48" ☐
Swimming pool ☐ Electrical contractor: Staco Electric___Plumber (NG?) _____
Lawn irrigation ☐
Other: ☐ Cost of project including labor $3000.00

Detailed description of work: A temp trailer was installed on the far east side of the new expansion project, Staco has trenched in a temp service from the trailer to the pole. Evergy has been out to look at work and is needing a permit and an inspection of approval before they will power the trailer. JE DUNN id the general and their permit is PRCOMCOM20251638

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.

David R. Logsdon

Signature of Applicant | David Logsdon (Printed Name of Applicant) | 26Sep2025 (Date)