LEE'S SUMMIT
MISSOURI

Scope of Work Statement

Applicant*: Anderson Custom Works LLC ☑Contractor ☐Homeowner ☐Other _____

*Please use licensed business name if applicable

Primary Contact: Adam Anderson Phone: 816-590-4511 Email: adam@shadeplus.co

Project Address: 1113 NE Goshen Ct.

Name of Owner: Gail Cotten Phone: 512-921-3598

☑Residential ☐Commercial Cost of project including labor $ 17,000

Water service	☐Repair	☐Replace	☐Work in right of way?
Sewer service	☐Repair	☐Replace	☐Work in right of way?
Electrical service	☐Repair	☐Replace	Amperage: _____ (Engineer required of ≥ 400)
Accessory Structure	Description: Pergola		Square feet 182
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: Installation of a 14' x 13' louvered roof pergola on existing deck.

Licensed contractors used for scope of work to be completed:

Mechanical: _____ Electrical: _____

Plumbing: _____ Structural: Anderson Custom Works LLC

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 | Adam Anderson Printed Name of Applicant | 06/30/25 Date

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