



LEE'S SUMMIT MISSOURI

Scope of Work Statement

Applicant*: RECREATION WHOLESale LLC ☒ Contractor ☐ Homeowner ☐ Other _____

*Please use licensed business name if applicable

Primary Contact: PAM SMITHEE Phone: 816-730-6198 Email: accounting@recreationwholesale.com

Project Address: 2103 SW HARVEST MOON LANE LEE'S SUMMIT MO 64082

Name of Owner: BRAD/STACY BARBEE Phone: 816-210-2359

☒ Residential ☐ Commercial Cost of project including labor \$ 90,295.00

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: _____	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"		

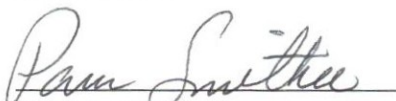
Detailed description of work:

INSTALL 18FT X 36 FT IN-GROUND POOL. 42" HIGH STEEL WALLS W/VINYL LINER. EXCAVATE AREA. ASSEMBLE STEEL WALLS-ENSURE PROPER WALL ALIGNMENT. INSTALL PLUMBING. RUN ELECTRICAL & BONDING WIRE. BACKFILL. POUR 4 FT WIDE CONCRETE DECKING AROUND POOL AND EQUIPMENT PAD. INSTALL LINER SECURING W/COPING. SET EQUIPMENT. ELECTRICIAN MAKE CONNECTIONS. EQUIPMENT: PUMP, FILTER, HEAT/COOL SYSTEM, SAFETY COVER, SALT SYSTEM.

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.


Signature of Applicant

PAM SMITHEE
Printed Name of Applicant

10/09/2025
Date

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