LS

LEE'S SUMMIT
MISSOURI

Scope of Work Statement

Applicant*: Damien & Hope Butel ☐Contractor ☒Homeowner ☐Other _____

*Please use licensed business name if applicable

Primary Contact: Hope - SAME Phone: 816-304-4018 Email: hope.butel@gmail.com

Project Address: 3211 SW Arboridge Cir, LSMO 64082

Name of Owner: Damien & Hope Butel Phone: 816-304-4018

☒Residential ☐Commercial Cost of project including labor $ 15,000

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: _____		Square feet _____
Interior Alterations	Description: Finish Basement		Square feet ~900
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:

See attached plans to finish basement. Bathroom will remain unfinished for now, as marked. No structural changes, framing/finishing only. No bedroom. Walk out basement

Licensed contractors used for scope of work to be completed:

Mechanical: _____ 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.

Hope Butel	Damien Butel	11/15/25
Signature of Applicant	Printed Name of Applicant	Date

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

Butel – 3211 SW Arboridge Cir, LSMO
Proposed Basement Sketch