



LEE'S SUMMIT MISSOURI

Scope of Work Statement

Applicant*: Automated Control Systems Contractor Homeowner Other _____

*Please use licensed business name if applicable

Primary Contact: Tom Garrison Phone: 913-915-9422 Email: tgarrison@ACS-1.com

Project Address: 220 SE Green St

Name of Owner: City of Lee's Summit Phone: 816-969-1200

Residential Commercial Cost of project including labor \$ 45,918.08

- 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 mini split A/C for MDP & Electrical Rm on 1st floor

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.

(Tom Garrison)

Signature of Applicant

(Tom Garrison)

Printed Name of Applicant

(Feb 19 2026)

Date

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

Development Services | 220 SE Green Street, Lee's Summit, MO 64063

P: 816-969-1200 | F: 816-969-1201 | cityofls.net