LEE'S SUMMIT
MISSOURI

Scope of Work Statement

Applicant: JJJS ELECTRICAL INC Contractor/Homeowner/Tenant? (Circle one)
Primary Contact: STAN MAHAN Phone: 816 853 6625

Project Address: 664 BAYBERRY LN UNIT 105 LS MO/AHS CHIROPRACTIC & WELLNESS
Name of Owner: BAYBERRY BUSINESS CENTER Phone: _____
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	☒	Amperage: _____ (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 _____	Plumber (NG?) _____
Lawn irrigation	☐		
Other:	☒	INSTALL 3 HOSPITAL GRADE RECEPTACLES IN RECEPTION AREA	

Cost of project including labor $500.00

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

STAN MAHAN
Printed Name of Applicant

7/18/18
Date