



LEE'S SUMMIT MISSOURI

Scope of Work Statement

Applicant: Kevin Ginnings Plumbing Service Contractor/Homeowner/Tenant? (Circle one)
Primary Contact: Kevin Ginnings Phone: 816-738-9282

Project Address: 2755 Chipman RD Lees Summit Mo 64081
Name of Owner: Eric Thompson Phone: 816-547-7509
Residential/Commercial? (Circle one)

Water service repair/replace: <input checked="" type="checkbox"/>	Work in right of way? <input type="checkbox"/>
Sewer service repair/replace: <input type="checkbox"/>	Work in right of way? <input type="checkbox"/>
Electrical service repair/replace <input type="checkbox"/>	Amperage: _____ (Engineer required of ≥ 400)
HVAC repair/replace <input type="checkbox"/>	
Uncovered deck: <input type="checkbox"/>	Covered deck: <input type="checkbox"/> Square feet: _____
Accessory Structure: <input type="checkbox"/>	Description: _____ Square feet _____
Interior Alterations: <input type="checkbox"/>	Description: _____ Square feet _____
Addition: <input type="checkbox"/>	Description: _____ Square feet _____
Retaining wall over 48" <input type="checkbox"/>	
Swimming pool <input type="checkbox"/>	Electrical contractor _____ Plumber (NG?) _____
Lawn irrigation <input type="checkbox"/>	
Other: <input type="checkbox"/>	<u>Customer HAS LEAK IN ABOUT</u> <u>A 10 Ft SECTION OF LINE FOR</u> <u>REPAIR</u>

Cost of project including labor \$ 2,500 ~~Quoted~~

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]
Signature of Applicant

Sim Cox
Printed Name of Applicant

8-20-17
Date

Codes Admin/Forms/Codes/Forms/Scope of Work Statement