



# LEE'S SUMMIT MISSOURI

## Scope of Work Statement

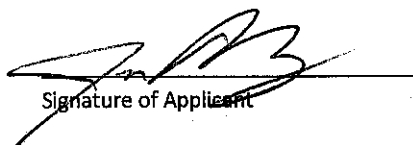
Applicant: True North Management LLC Contractor/Homeowner/Tenant? (Circle one)  
Primary Contact: 314-960-7266 Phone: Justin McElroy Email: justin@tnmsllc.com  
Justin McElroy

Project Address: 900 SW Blue Pkwy, Lee's Summit  
Name of Owner: Sprint Phone: \_\_\_\_\_  
Residential/Commercial? (Circle one)

Water service repair/replace: <input 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 checked="" type="checkbox"/>	Amperage: <u>100 Amp</u> (Engineer required of $\geq 400$ )
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"/>	_____

Cost of project including labor \$ 25,000

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

Justin McElroy  
Printed Name of Applicant

10-24-18  
Date

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