



LEE'S SUMMIT MISSOURI

Scope of Work Statement

PRRES20183927
\$ 401.85

Applicant: A-TEAM LAWN Contractor/Homeowner/Tenant? (Circle one)
Primary Contact: Theron Scroggins Phone: 816 365-7670 Email: ateam.lawn@gmail.com

Project Address: 4650 Doc Henry Rd
Name of Owner: Greg Talbot Phone: 816 525 7070
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 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 checked="" type="checkbox"/>	Electrical contractor <u>Rusty Holup</u> Plumber (NG?) <u>Rusty Holup</u>
Lawn irrigation <input type="checkbox"/>	
Other: <input type="checkbox"/>	_____

Cost of project including labor \$ \$89,300

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

Theron Scroggins
Printed Name of Applicant

11/20/18
Date

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