



LEE'S SUMMIT MISSOURI

Scope of Work Statement

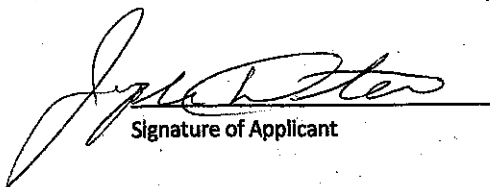
Applicant: RESTAURANT MECHANICAL Contractor/Homeowner/Tenant? (Circle one)
Primary Contact: Joe Phone: 913 226-5799 Email: Joe@RESTAURANTMECHANICAL.COM

Project Address: 1702 N.W. CHIPMAN RD.
Name of Owner: STARBUCKS 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 type="checkbox"/>	Amperage: _____ (Engineer required of ≥ 400)
HVAC repair/replace <input checked="" 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 \$ 9000.00

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

Joseph D'Intino
Printed Name of Applicant

12-19-18
Date

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