



LEE'S SUMMIT MISSOURI

Scope of Work Statement

Applicant: VARS ELECTRIC Contractor/Homeowner/Tenant? (Circle one)
Primary Contact: JOSEPH R. MATHER Phone: 816 654 5746 Email: JMATHER@VARSELECTRIC.COM

Project Address: 2023 NW SHAMROCK AVE
Name of Owner: CITY OF LEE'S SUMMIT 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: <u>100</u> (Engineer required of ≥ 400) <u>TEMP POWER</u>
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 \$ 1000

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.

Joseph R. Mather
Signature of Applicant

Joseph R. Mather
Printed Name of Applicant

1-10-19
Date

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