



LEE'S SUMMIT MISSOURI

Scope of Work Statement

Applicant: RON LAFFOON Contractor/ Homeowner/Tenant? (Circle one)
Primary Contact: RON LAFFOON Phone: 816-215-0492 Email: R.LAFFOON@ECAPHQ.COM

Project Address: 401 NE COLBERN RD LEE'S SUMMIT MO
Name of Owner: LEE'S SUMMIT HONDA Phone: 888-652-5205
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:	_____ (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	<input checked="" type="checkbox"/> Plumber (NG?) _____
Lawn Irrigation	<input type="checkbox"/>		
Other:	<input type="checkbox"/>		

INSTALL 2 ELECT CAR CHARGERS

Cost of project including labor \$ 3500.⁰⁰

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.

Ron Laffoon
Signature of Applicant

RON LAFFOON
Printed Name of Applicant

2-20-19
Date

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