



LEE'S SUMMIT MISSOURI

PCOM2019 06601

Scope of Work Statement

Applicant: RW ELECTRIC Contractor/Homeowner/Tenant? (Circle one)
Primary Contact: RON WILLIAMS Phone: 816-935-2182 Email: WILLIAMSRS151@gmail.com

Project Address: 615 SW 2ND ST.
Name of Owner: KERRY KIMBLE Phone: 816-960-7177
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 type="checkbox"/>	Electrical contractor _____ Plumber (NG?) _____
Lawn irrigation <input type="checkbox"/>	
Other: <input type="checkbox"/>	_____

Cost of project including labor \$ 600

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]
Signature of Applicant

RON WILLIAMS
Printed Name of Applicant

3-22-19
Date

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