



LEE'S SUMMIT MISSOURI

Scope of Work Statement

Applicant: Al HydroFlo Contractor/Homeowner/Tenant? (Circle one)
 Primary Contact: Randy Clapp Phone: 816-810-1808 Email: Randy@A1HF.com

Project Address: 261 SE Coyle Dr. LS, MO
 Name of Owner: Joe Arnold Phone: 816-1308-7101
 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 checked="" type="checkbox"/>	
Other: <input type="checkbox"/>	_____

Cost of project including labor \$ 3500

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:

Randy Clapp
Signature of Applicant

Randy Clapp
Printed Name of Applicant

3-29-19
Date

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