



LEE'S SUMMIT MISSOURI

Scope of Work Statement

Applicant: Capital Electric
Matt Blann Contractor/Homeowner/Tenant? (Circle one)
 Primary Contact: (816) 215-6693 Phone: _____ Email: Matt.blann@capitalelectric.com

Project Address: Ward & Tudor
 Name of Owner: Capital Electric Phone: (816) 359-4000
 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: <u>100</u> (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 \$ 2500

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

Matt new J Blann
 Printed Name of Applicant

4/15/19
 Date