

Scope of Work Statement

Primary Contact: Dave	ىن ك	Mosu stree	F	
Name of Owner: \(\sum \ge \delta \rangle \) Residential/Commercial (Circ		lon struction	Phone:	
	· ·			
Vater service repair/replace:		Work in right of way?		
lewer service repair/replace:		Work in right of way?	_ · ·	
lectrical service repair/replace	e eX	Amperage:(Engineer required of ≥ 400)		
IVAC repair/replace				
Incovered deck:		Covered deck:	□ Square feet:	
Accessory Structure:		Description:		_ Square feet
nterior Alterations:		Description:		
Addition:		Description:		
Retaining wall over 48"				;
Swimming pool		Electrical contractor	Plumber ((NG?)
awn irrigation		,	•	
Other:			·	
Cost of project including lab	or \$	400		
AFFIDAVIT: I hereby certify that I have complete and correct and that the per all applicable ordinances.	e the auth	ority to make the foregoing applicati struction will conform to the regula	ion and thatthe application, the tions in theCodes adopted by t	e best of my knowledge, is he City of Lee's Summit and

Printed Name of Applicant

Signature of Applicant