



# LEE'S SUMMIT MISSOURI

## Scope of Work Statement

Applicant: DAVE RICHARDS Contractor/Homeowner/Tenant? (Circle one)  
 Primary Contact: DAVE RICHARDS Phone: 816.365.8034 Email: dave@daverichardsinc.com

Project Address: 4716 NE Gateway Dr.  
 Name of Owner: DAVE RICHARDS Phone: \_\_\_\_\_  
 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 $\geq 400$ )
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 checked="" 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"/>		

Basement Finish 240 sq. ft.

Cost of project including labor \$ \$6,720.00

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.

[Signature]  
Signature of Applicant

DAVE RICHARDS, President  
Printed Name of Applicant

6-3-19  
Date