



LEE'S SUMMIT MISSOURI

Scope of Work Statement

Applicant: James Stephenson Contractor/Homeowner/Tenant? (Circle one)
 Primary Contact: _____ Phone: 816 868 9450 Email: geoff_steph@yahoo.com

Project Address: 3102 SE 3rd Terrace
 Name of Owner: James Stephenson Phone: 816 868-9450
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 \$ 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.

James Stephenson
Signature of Applicant

James Stephenson
Printed Name of Applicant

6/17/19
Date