



# LEE'S SUMMIT MISSOURI

## Scope of Work Statement

B+H Plumbing  
 Applicant: David Bolek Contractor/Homeowner/Tenant? (Circle one)  
 Primary Contact: 816-646-7363 Phone: \_\_\_\_\_ Email: Davidbolek1@gmail.com

Project Address: 880 NW Blue Parkway Suite G  
 Name of Owner: Jennifer Kitchens Phone: 801-416-0945  
 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 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 checked="" type="checkbox"/>	<u>Installing owner provided hand sink.</u>	

Cost of project including labor \$ 350.00

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.

David Bolek  
 Signature of Applicant

David Bolek  
 Printed Name of Applicant

7.30.2019  
 Date

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