



LEE'S SUMMIT MISSOURI

Scope of Work Statement

Applicant: William Wohleber Contractor/Homeowner/Tenant? (Circle one)
Primary Contact: _____ Phone: 816-405-9675 Email: _____

Project Address: 2807 NW Chipman Rd
Name of Owner: William Wohleber Phone: 816-405-9675
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>325</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 \$ 800⁰⁰

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 of Applicant

William Wohleber

Printed Name of Applicant

8-14-19

Date

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