



LEE'S SUMMIT MISSOURI

Scope of Work Statement

Applicant: <u>BEL Plumbing</u>		Contractor/Homeowner/Tenant? (Circle one)	
Primary Contact: <u>Kenn</u>	Phone: <u>816-347-2610</u>	Email: _____	

Project Address: <u>995 SW 34th</u>		<u>Lee Summit MO 64082</u>	
Name of Owner: <u>Math Homung</u>		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 ≥ 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: <u>Replaced Gas Line & Pressure test</u>	

Cost of project including labor \$	<u>1875.00</u>
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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.

Brian Seltzer
Signature of Applicant

Brian Seltzer
Printed Name of Applicant

8-27-19
Date

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