



LEE'S SUMMIT
MISSOURI

Scope of Work Statement

Donnell/
World Travel
Service

#20192412

\$45.50

Bob Hamilton

Applicant: American Residential Service LLC dba Contractor/Homeowner/Tenant? (Circle one)
Primary Contact: Debbie Phone: 913-888-4262 Email: debbie@bobhamilton.com

Project Address: 612 SW 3rd St Ste E
Name of Owner: Mona Donnell (World Travel) Phone: 816-524-0717
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 checked="" 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"/>	<u>80% 70000 BTU Furnace, 13.5 Ton AC</u>	

Cost of project including labor \$ 6500

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

Debbie Caviness
Printed Name of Applicant

8-28-19
Date