



LEE'S SUMMIT MISSOURI

Scope of Work Statement

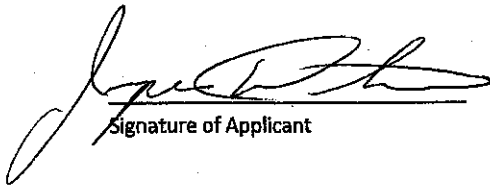
Applicant: RESTAURANT MECHANICAL SERV. Contractor Homeowner/Tenant? (Circle one)
Primary Contact: Joe D'Intino Phone: 913-226-5789 Email: Joe@KS RMS.com

Project Address: 520 N.E. Colburn Rd. Lee's Summit Mo 64068
Name of Owner: JADAN Devel. LLC Phone: 816-786-3706
Residential/Commercial? (Circle one) Jim Haug

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"/>		

Cost of project including labor \$ 7400.

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

Joseph D'Intino 9-3-19
Printed Name of Applicant Date

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