

## **Scope of Work Statement**

 Applicant:
 IQ
 OnSHUCTUN
 Contractor/Homeowner/Tenant? (Circle one)

 Primary Contact:
 Breff Shelton Phone:
 13-045-707Email:
 Jennifer & i ghomebuildovs, Contractor/Homeowner/Tenant?

Project Address: 4415 5W	Amethyst		
Name of Owner Shannon (		Phone:	810-305-394
Residential/Commercial? (Circle	one)		

Water service repair/replace:		Work in right of way?		
Sewer service repair/replace:		Work in right of way?		
Electrical service repair/replace	e 🗆	Amperage: (Engineer required of $\geq$ 400)		
HVAC repair/replace				
Uncovered deck:		Covered deck:	□ Square feet:	
Accessory Structure:		Description:		Square feet
Interior Alterations:		Description:	2- 	Square feet
Addition:		Description:		Square feet
Retaining wall over 48"		Safel	are Electric	
Swimming pool		Electrical contractor	Plumber	(NG?) Tschirhart Plumbin
Lawn irrigation		M.m.c. :	United Heating &	Coolind
Other:			our of the the part of the	
BSmit time	SL	BOC SEFF		

Cost of project including labor \$ 45,200.00

AFFIDAVIT: 1 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.

pplicant

Brett Shel

10/1/19 Date

Printed Name of Applicant

odes Admin/Forms/Codes/Forms/Scope of Work Stateme

Development Services | 220 SE Green Street, Lee's Summit, MO 64063 P: 816-969-1200 | F: 816-969-1201 | cityofls.net