



LEE'S SUMMIT MISSOURI

Scope of Work Statement

Applicant: LITTLE SHIRE CORP. Contractor/Homeowner/Tenant? (Circle one)
Primary Contact: SHAWN ADSEN Phone: 816-834-0997 Email: Shade1@lscorp.com

Project Address: 2931 NIE INDEPENDENCE AVE
Name of Owner: LITTLE SHIRE CORP. Phone: 573-449-7000
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 to	<input checked="" 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	<u>SKELLEY</u> Plumber (NG?) _____
Lawn irrigation	<input type="checkbox"/>		
Other:	<input type="checkbox"/>		<u>CHRIS WATSON</u>

Cost of project including labor \$ \$1,000.00

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.

Shawn Adsen
Signature of Applicant

SHAWN ADSEN
Printed Name of Applicant

10-22-2019
Date

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