



LEE'S SUMMIT MISSOURI

Scope of Work Statement

Applicant: SAB Construction Contractor/Homeowner/Tenant? (Circle one)
Primary Contact: Curtis Tate Phone: 816-524-3855 Email: curt@sabcon.com

Project Address: 120 NW Mackenzie
Name of Owner: SAB Construction Phone: 816-524-3855
Residential/Commercial? (Circle one) Residential

| | |
|------------------------------------------------------------|-----------------------------------------------------------|
| 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>backfill</u> <input checked="" type="checkbox"/> | <u>Excavating, foundation, utilities,</u> |

Cost of project including labor \$ 35,000

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.

Curtis Tate
Signature of Applicant

CURTIS TATE
Printed Name of Applicant

10/22/19
Date

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