



LEE'S SUMMIT MISSOURI

Scope of Work Statement

Applicant: Krishawn Goodwin Contractor/Homeowner/Tenant? (Circle one)
Primary Contact: email Phone: 660-299-0305 Email: btgg28@mst.edu

Project Address: 2400 SW Hickory Lane Lee's Summit MO 64082
Name of Owner: Brandon & Krishawn Goodwin Phone: 660-299-0305
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 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 checked="" type="checkbox"/>	Description: <u>basement finish</u> Square feet <u>758</u>
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 \$ _____	

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.

Krishawn Goodwin
Signature of Applicant

Krishawn Goodwin
Printed Name of Applicant

11/15/2019
Date