



LEE'S SUMMIT MISSOURI

Scope of Work Statement

Applicant: A Bright Plumbing Contractor/Homeowner/Tenant? (Circle one)
 Primary Contact: Dale Richardson Phone: 816-215-0730 Email: abrightplumbing@yahoo

Project Address: 2890 NE Independence Ave
 Name of Owner: Capital Phone: 816-918-2665
 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 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?) <input checked="" type="checkbox"/>
Lawn irrigation	<input type="checkbox"/>	<u>Roof top Gas lines / split for 2 meters</u>	
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.



 Signature of Applicant

Dale Richardson

 Printed Name of Applicant

11-25-19

 Date