



**LEE'S SUMMIT**  
MISSOURI

**Scope of Work Statement**

Applicant: City of Lee's Summit Contractor/Homeowner/Tenant? (Circle one) <sup>city owned</sup>

Primary Contact: Ron Johnson Phone: 969-1860 Email: Ron.Johnson@cityofls.net

Project Address: 2721 NE Douglas

Name of Owner: City of Lee's Summit (AIRPORT) Phone: 969-1860

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 checked="" type="checkbox"/>	Amperage: <u>100 Amp</u> (Engineer required of $\geq 400$ )
HVAC repair/replace <input type="checkbox"/>	<u>2 pole Disconnect</u>
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: ☐  
Cost of project including labor \$ 300.00

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.

  
\_\_\_\_\_  
Signature of Applicant

Ron Johnson  
\_\_\_\_\_  
Printed Name of Applicant

12-23-19  
\_\_\_\_\_  
Date

600 820 20028 7300  
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