



LEE'S SUMMIT MISSOURI

Scope of Work Statement

Applicant: <u>ELEC CORP OF AMER</u>	<u>Contractor</u> Homeowner/Tenant? (Circle one)
Primary Contact: <u>RON LAFFOON</u>	Phone: <u>816-215-0492</u> Email: <u>R.LAFFOON@ECAHQ.COM</u>

Project Address: <u>1510 SE KINGS PORT DR</u>	<u>LEE'S SUMMIT MO 64081</u>
Name of Owner: <u>WAYNE EDWARDS</u>	Phone: _____
Residential <input checked="" type="checkbox"/> 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?) _____
Lawn irrigation <input type="checkbox"/>	
Other: <input type="checkbox"/>	
Cost of project including labor \$	<u>INSTALL ELEC DO PAINT BOOTH \$7,500.00</u>

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.

Ron Laffoon
Signature of Applicant

RON LAFFOON
Printed Name of Applicant

1-3-20
Date