



LEE'S SUMMIT MISSOURI

Scope of Work Statement

Applicant: DOUG EVANS Contractor/Homeowner/Tenant? (Circle one)
Primary Contact: _____ Phone: 816 482 7069 Email: doug.evans@Centricbuild.com

Project Address: 704 SE Oldham pkwy
Name of Owner: Aristocrat motors Phone: _____
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>80</u>	(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 <u>PHAZEONE</u>	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.

Doug Evans
Signature of Applicant

DOUG EVANS
Printed Name of Applicant

01/06/20
Date