



# LEE'S SUMMIT MISSOURI

## Scope of Work Statement

Applicant: Arneson Lawn & Landscape Contractor/Homeowner/Tenant? (Circle one)  
 Primary Contact: Phil Mitchell Phone: 816-555-5946 Email: phil@arnesonlawn.com

Project Address: 4060 NE Timber Creek Ct.  
 Name of Owner: \_\_\_\_\_ 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 type="checkbox"/>	Amperage: _____	(Engineer required of $\geq 400$ )
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 checked="" type="checkbox"/>		
Other:	<input type="checkbox"/>		
Cost of project including labor \$	<input type="checkbox"/>	<u>3000.-</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.

Phil Mitchell  
Signature of Applicant

Phil Mitchell  
Printed Name of Applicant

1-8-2020  
Date