



LEE'S SUMMIT MISSOURI


Scope of Work Statement

Applicant: KDM Electric Contractor/Homeowner/Tenant? (Circle one)
Primary Contact: Russ Davis Phone: 816 519 3284 Email: russ@kdmelec.com

Project Address: 920 W Pryor Rd Permit # PRCOM 20192670
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 ^{Temp} repair/replace <input type="checkbox"/>	Amperage: <u>150A</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>X Temp Power</u> Plumber (NG?) _____
Lawn irrigation <input type="checkbox"/>	
Other: <input type="checkbox"/>	
Cost of project including labor \$ <u>500</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.


Signature of Applicant

Rob Lynn
Printed Name of Applicant

2/13/20
Date