



LEE'S SUMMIT MISSOURI

Scope of Work Statement

Applicant: LYNN ELECTRIC Contractor/Homeowner/Tenant? (Circle one)
Primary Contact: BRIAN SWAN Phone: 913-238-1150 Email: bsnaer@lynnelctric.com

Project Address: 940 NW PRYOR TEMP #1 JOB TRAILERS
Name of Owner: BRINKMANN CONSTRUCTORS Phone: 314-330-6603
Residential/Commercial? (Circle one) SEAN FULLER

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: <u>400 A.</u>	(Engineer required of ≥ 400) <u>TEMP</u>
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>\$1500.00</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.

Brian Swan
Signature of Applicant

BRIAN SWAN
Printed Name of Applicant

3-3-20
Date