



LEE'S SUMMIT MISSOURI

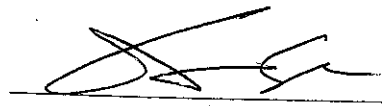
Scope of Work Statement

Applicant: Gale Communities, Inc. Contractor/Homeowner/Tenant? (Circle one)
Primary Contact: Cutter Gale Phone: 816-805-5308 Email: cgale@galecommunities.com

Project Address: 140 NW Mackenzie Dr. Lee's Summit MO 6
Name of Owner: David Gale Phone: 816-645-2336
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: _____ (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"/>	<u>Construction Trailer</u>
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.


Signature of Applicant

CUTTER GALE
Printed Name of Applicant

Date