



**LEE'S SUMMIT**  
MISSOURI

**Scope of Work Statement**

Applicant: SWIM THINGS Contractor/Homeowner/Tenant? (Circle one)  
Primary Contact: VINCE DAVENPORT Phone: 816-224-2600 Email: VINCE@SWIMTHINGS.COM

Project Address: 204 NW CARSON DR.  
Name of Owner: CLARK HALBERT 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 <u>ASA BEETIC</u> Plumber (NG?) <u>HOWARD PLUMBING</u>
Lawn irrigation <input type="checkbox"/>	
Other: <input type="checkbox"/>	_____

Cost of project including labor \$ 55,000

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.

Vince Davenport  
Signature of Applicant

VINCE DAVENPORT  
Printed Name of Applicant

4/15/20  
Date