



# LEE'S SUMMIT MISSOURI

## Scope of Work Statement

Applicant: McCownGordon Construction Contractor/Homeowner/Tenant? (Circle one)  
Primary Contact: Travis Grimes Phone: 816-918-7307 Email: tgrimes@mccowngordon.com

Project Address: 100 NE St. Luke's Blvd. Lee's Summit, MO 64086

Name of Owner: Saint Luke's Health System 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: <u>400</u>	(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>P1 Group</u>	Plumber (NG?) _____
Lawn irrigation	<input type="checkbox"/>		
Other:	<input checked="" type="checkbox"/>	<u>Temporary Electrical Service</u>	

Cost of project including labor \$ 3000.00

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

Travis Grimes

Printed Name of Applicant

4/16/2020

Date

Codes Admin/Forms/Codes/Forms/Scope of Work Statement