



LEE'S SUMMIT MISSOURI

Scope of Work Statement

Applicant: Sosaya And Sons Contractor/Homeowner/Tenant? (Circle one)
Primary Contact: Caleb Reese Phone: 785- 214- 0059 Email: creese@sosayandsons.com

Project Address: 1070 NW Pryor Rd
Name of Owner: Streets Of West Pryor LLC Phone: 913-649-4500
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: <u>100 Amp</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>Sosaya and Sons</u>	Plumber (NG?) _____
Lawn irrigation	<input type="checkbox"/>		
Other:	<input type="checkbox"/>	_____	_____

Cost of project including labor \$2,500.00

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

Caleb Reese
Printed Name of Applicant

5/28/2020
Date

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

