



LEE'S SUMMIT MISSOURI

Scope of Work Statement

Applicant: ProPlatinum Contractor/Homeowner/Tenant? (Circle one)
Primary Contact: Aaron Uzelac Phone: 913-908-3512 Email: aaron@proplatinumkc.com

Project Address: 1041 NE. Sam Walton Ave
Name of Owner: _____ 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 ≥ 400) |
| HVAC repair/replace | <input checked="" 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 \$ 15,475.⁰⁰

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.

X [Signature]
Signature of Applicant

Aaron Uzelac
Printed Name of Applicant

5/28/2020
Date

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