



# LEE'S SUMMIT MISSOURI

## Scope of Work Statement

Applicant: AFC Heating and Cooling ☒ Contractor ☐ Homeowner/Tenant? (Circle one)  
 Primary Contact: Phil Spellerberg Phone: 816-347-8388 Email: info@afcke.com

Project Address: 2790 NW Chipman Rd.  
 Name of Owner: Gerald Dark Phone: 913-271-8022  
☒ 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 checked="" type="checkbox"/>	<u>Replace 2 Furnaces + 2 Air Conditioners</u>	
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 \$ 8,820<sup>00</sup>

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

Phil Spellerberg  
 Printed Name of Applicant

6/17/20  
 Date

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