



LEE'S SUMMIT MISSOURI

Scope of Work Statement

Applicant: <u>Overland Park Mechanical</u>	Contractor <input checked="" type="checkbox"/>	Homeowner <input type="checkbox"/>	Tenant <input type="checkbox"/>
Primary Contact: <u>Vincent Holzer</u>	Phone: <u>(816) 944-3222</u>	Email: <u>info@opmcinc.com</u>	

Project Address: <u>910 NW Blue Parkway Lees Summit, MO 64086</u>
Name of Owner: <u>Orange Theory Fitness</u> Phone: <u>(816) 944-3222</u>
Residential <input type="checkbox"/> Commercial <input checked="" type="checkbox"/>

Check all that Apply

Water service	Repair <input type="checkbox"/>	Replace <input type="checkbox"/>	Work in right of way? <input type="checkbox"/>
Sewer service	Repair <input type="checkbox"/>	Replace <input type="checkbox"/>	Work in right of way? <input type="checkbox"/>
Electrical service	Repair <input type="checkbox"/>	Replace <input type="checkbox"/>	Amperage: _____ (Engineer required of ≥ 400)
HVAC	Repair <input type="checkbox"/>	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 \$ <u>7,869.00</u>	

Detailed description of work:

Replacing 1 Roof Top Unit of equal weight and capacity. OUR Business Licesne# is LC100143213.

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

Vincent Holzer

Printed Name of Applicant

8/20/2020

Date