



LEE'S SUMMIT MISSOURI

Scope of Work Statement

Applicant: Arnaldo electric Contractor/Homeowner/Tenant? (Circle one)
Primary Contact: 816 510 0006 Phone: 816 217 2897 Email: 0145imenez@gmail.com

Project Address: 811 NE Lakewood Blvd 64064
Name of Owner: Alejandro Phone: 816 442 3744
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:	_____ (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	<input checked="" type="checkbox"/> Plumber (NG?) _____
Lawn irrigation	<input type="checkbox"/>		
Other:	<input type="checkbox"/>	Cost of project including labor \$	<u>800</u>
Detailed description of work:			
<u>Service, Repair and change electrical panel</u>			

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]
Signature of Applicant

Arnaldo Trizant 08/20/2020
Printed Name of Applicant Date