LEE'S SUMMIT
MISSOURI

Scope of Work Statement

Applicant: Summit Homes (Contractor)/Homeowner/Tenant? (Circle one)
Primary Contact: Lorrie Landrum Phone: 816-246-6700 Email: Permitting@summithomeskc.com

Project Address: 1527 SW Arbor Falls Dr Original permit # PRRES20192858
Name of Owner: _____ Phone: _____
(Residential)/Commercial? (Circle one)

Water service repair/replace:	☐	Work in right of way?	☐
Sewer service repair/replace:	☐	Work in right of way?	☐
Electrical service repair/replace	☐	Amperage: _____ (Engineer required of ≥ 400)	
HVAC repair/replace	☐		
Uncovered deck:	☐	Covered deck: ☐	Square feet: _____
Accessory Structure:	☐	Description: _____	Square feet _____
Interior Alterations:	☒	Description: Basement Finish	Square feet 917
Addition:	☐	Description: _____	Square feet _____
Retaining wall over 48"	☐		
Swimming pool	☐	Electrical contractor _____	Plumber (NG?) _____
Lawn irrigation	☐		
Other:	☐	_____	

Cost of project including labor $ 59,605

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.

Lorrie Landrum
Signature of Applicant

Lorrie Landrum
Printed Name of Applicant

8/25/2020
Date