LEE'S SUMMIT
MISSOURI

Scope of Work Statement

Applicant: Connie Carrell Contractor/Homeowner/Tenant? (Circle one)
Primary Contact: Connie Carrell Phone: 816-516-8161 Email: clc48say@hotmail.com

Project Address: 3324 SW [redacted] JESSIE LN, LEES SUMMIT, MO 64082
Name of Owner: Connie Carrell Phone: 816-516-8161
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: Basement finish Square feet 866	
Interior Alterations:	☒	Description: _____ Square feet _____	
Addition:	☐	Description: _____ Square feet _____	
Retaining wall over 48"	☐		
Swimming pool	☐	Electrical contractor _____ Plumber (NG?) _____	
Lawn irrigation	☐		
Other:	☐	BASEMENT F	

Cost of project including labor $ $38,000

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.

Connie Carrell
Signature of Applicant

Connie Carrell
Printed Name of Applicant

10-9-2020
Date