



LEE'S SUMMIT MISSOURI

Scope of Work Statement

Applicant: Empire Basement Solutions Contractor/Homeowner/Tenant? (Circle one)
 Primary Contact: Bob Perry Phone: (816) 405-3065 Email: bob@empireremodelingkc.com

Project Address: 417 Southeast Mill Creek Cir.
 Name of Owner: Andy & Laurie Danicki Phone: (816) 305-7247
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 ≥ 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 checked="" type="checkbox"/>	Description: <u>Full Basement Finish</u>	Square feet <u>992</u>
Retaining wall over 48"	<input type="checkbox"/>		
Swimming pool	<input type="checkbox"/>	Electrical contractor <u>Genesis 1</u>	Plumber (NG?) <u>Baldwin Plumbing</u>
Lawn irrigation	<input type="checkbox"/>		
Other:	<input type="checkbox"/>	_____	_____

Cost of project including labor \$ 55,814.00

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

Teresa Edwards

Printed Name of Applicant

10/21/2020

Date

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