



LEE'S SUMMIT MISSOURI

Scope of Work Statement

Applicant: LYNN ELECTRIC & COMMUNICATIONS INC Contractor/Homeowner/Tenant? (Circle one)
Primary Contact: Carmen Lynn Phone: 785.843.5079 Email: carmen@lynnelectric.com

Project Address: 837 NW Donovan, Lee's Summit MO 64012
Name of Owner: Summit Square Residence II Phone: _____
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: <u>200</u> (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 _____ Plumber (NG?) _____
Lawn irrigation <input type="checkbox"/>	
Other: <input type="checkbox"/>	Cost of project including labor \$ <u>3000.00</u>

Detailed description of work: _____
Free standing electrical service for car chargers, 3 phase 200 amps

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.

Carmen Lynn
Signature of Applicant

Carmen Lynn
Printed Name of Applicant

01/29/2021
Date