



LEE'S SUMMIT MISSOURI

Scope of Work Statement

Applicant: Recreation Wholesale LLC Contractor / Homeowner / Tenant? (Circle one)
 Primary Contact: Shandra Mofensen Phone: 816-730-698 Email: accounting@recreationwholesale.com

Project Address: 300 SE Mill Creek Dr Lee's Summit MO 64063
 Name of Owner: Joe + Stephanie Adams Phone: 816-305-7102
 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 type="checkbox"/>	Description: _____ Square feet _____
Retaining wall over 48" <input type="checkbox"/>	
Swimming pool <input checked="" type="checkbox"/>	Joe Adams Electrical contractor (<u>Homeowner</u>) Plumber (NG?) _____
Lawn irrigation <input type="checkbox"/>	
Other: <input type="checkbox"/>	_____

Cost of project including labor \$ 47,500

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

Shandra Mofensen

Printed Name of Applicant

2/23/2021

Date

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