



LEE'S SUMMIT MISSOURI

Scope of Work Statement

Applicant: Capital Plumbing Contractor/Homeowner/Tenant? (Circle one)

Primary Contact: Robert McDaniel Phone: 816-865-8023 Email: Capitalphccanmedia@gmail.com

Project Address: 205 SW Jefferson

Name of Owner: Laminar Home Loans Phone: 816-808-8992

Residential/Commercial? (Circle one)

- | | | | |
|-----------------------------------|-------------------------------------|-----------------------------|---|
| Water service repair/replace: | <input type="checkbox"/> | Work in right of way? | <input type="checkbox"/> |
| Sewer service repair/replace: | <input checked="" type="checkbox"/> | Work in right of way? | <input checked="" 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 type="checkbox"/> | Electrical contractor _____ | Plumber (NG?) _____ |
| Lawn irrigation | <input type="checkbox"/> | | |

Other: ☐

Cost of project including labor \$ 1,500

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]
Signature of Applicant

Robert McDaniel
Printed Name of Applicant

March 10, 2021
Date