



LEE'S SUMMIT MISSOURI

Scope of Work Statement

Applicant: Lorrie Landrum Contractor/Homeowner/Tenant? (Circle one)
Primary Contact: Lorrie Landrum Phone: 816-246-6700 Email: Permitting@summithomeskc.com

Project Address: 310 NW Ambersham Dr
Name of Owner: _____ 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 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: 144
Accessory Structure:	<input type="checkbox"/>	Description: _____	Square feet _____
Interior Alterations:	<input checked="" type="checkbox"/>	Description: Basement finish	Square feet: 1138
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 \$73970

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

Lorrie Landrum

Printed Name of Applicant

3/18/21

Date