



# LEE'S SUMMIT MISSOURI

## Scope of Work Statement

Applicant: Capital Construction Services LLC Contractor ☒ Homeowner ☐ Tenant ☐  
Primary Contact: Doug Krohnfuss Phone: 816-910-2445 Email: dkrohnfuss@capitalconst.com

Project Address: 1802 NE PARK Ridge DRIVE LSMO MO 64064  
Name of Owner: Caleb Boxx Phone: \_\_\_\_\_  
Residential ☒ Commercial ☐

### Check all that Apply

Water service Repair ☐ Replace ☐ Work in right of way? ☐  
Sewer service Repair ☐ Replace ☐ Work in right of way? ☐  
Electrical service Repair ☐ Replace ☐ Amperage: \_\_\_\_\_ (Engineer required of  $\geq 400$ )  
HVAC Repair ☐ Replace ☐

Uncovered deck: ☐ Covered deck: ☐ Square Feet: \_\_\_\_\_

Accessory Structure: ☐ Description: \_\_\_\_\_ Square feet \_\_\_\_\_

Interior Alterations: ☒ Description: Basement Finish Square feet 1491

Addition: ☐ Description: \_\_\_\_\_ Square feet \_\_\_\_\_

Retaining wall over 48" ☐

Swimming pool ☐

Lawn irrigation ☐

Other: ☐

Electrical contractor Inhome Plumber (NG?) A Bright  
Systems

Cost of project including labor \$52,500.00

Detailed description of work:

Basement finish w/ bar & 3 quarter bath

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.

Baillie Ryan  
Signature of Applicant

Baillie Ryan  
Printed Name of Applicant

4/16/21  
Date