

Scope of Work Statement

Applicant: Summit Homes		Contractor/Homeowner/Tenant? (Circle one)			
Primary Contact: Lorrie Landrum		Phone: 816-246-6	700	Email: permitting	@summithomeskc.com
Project Address: 1406 SW Georg	getown	Dr			
Name of Owner: Summit Home	Phone: 816-246-6700				
Residential Commercial? (Circle			•		
Water service repair/replace:		Work in right of way?			
Sewer service repair/replace:		Work in right of way?			
Electrical service repair/replace		Amperage:	(Eng	ineer required of ≥	≥ 400)
HVAC repair/replace					
Uncovered deck:		Covered deck:		Square feet:	
Accessory Structure:		Description:			_ Square feet
Interior Alterations:					_ Square feet
Addition:					_ Square feet
Retaining wall over 48"					
Swimming pool		Electrical contractor		Plumber (NG?)
Lawn irrigation					
Other:	X	Shifted sideyard			
Cost of project including labo	r\$ 0				
AFFIDAVIT: I hereby certify that I have	+ h o o + h o	avitu ta maka tha faragaing annli	sation an	d that the application the	a host of mulmoulodge is
complete and correct and that the perr		, , , , , , , , , , , , , , , , , , , ,		• • • • •	, •
all applicable ordinances.					
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Larrie Landrum					
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Signature of Applicant		Printed Name of Applic	ant	Date	•