

Scope of Work Statement

MISSOURI

Applicant: Poline Pl	Contractor Contractor	Homeowner Tenant
Primary Contact: Patr.	Contractor Contractor Phone: 816~442~965 Email	: Patrilla Proline Avmsinga (. p
Project Address: 205 Name of Owner: Mike Residential Commercia	Walker Phone: 8	-16-510-8617
Check all that Apply		
Water service Repair Re	Replace Work in right of way? Replace Work in right of way? Replace Amperage: (Engage)	
Uncovered deck: Accessory Structure:	Covered deck: Square Description:	Square feet
Interior Alterations:	Description:	Square feet
Addition:	Description:	Square feet
Retaining wall over 48" Swimming pool Lawn irrigation	Electrical contractor	Plumber (NG?)
Other: Detailed description of work:	Cost of project including labor \$	ALC: NO.
Rellace Sever	live From House to Back	- yord ter ca

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

Printed Name of Applicant

Date