



**LEE'S SUMMIT**  
MISSOURI

**Scope of Work Statement**

Landowner

Applicant: Clayton Prop. Group DBA Summit Homes Contractor ☐ Homeowner ☐ Tenant ☐  
Primary Contact: Travis Ruf Phone: 816-246-9099 Email: travis@summithomeskc.com

Project Address: 490 NW Pryor Rd.  
Name of Owner: Clayton Prop. Group DBA Summit Homes Phone: 816-246-6701  
Residential ☐ Commercial ☒

**Check all that Apply**

Water service	Repair <input type="checkbox"/>	Replace <input type="checkbox"/>	Work in right of way? <input type="checkbox"/>
Sewer service	Repair <input type="checkbox"/>	Replace <input type="checkbox"/>	Work in right of way? <input type="checkbox"/>
Electrical service	Repair <input type="checkbox"/>	Replace <input type="checkbox"/>	Amperage: _____ (Engineer required of $\geq 400$ )
HVAC	Repair <input type="checkbox"/>	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"/>	<u>Blue Cedar Landscape</u>	
Other:	<input checked="" type="checkbox"/>	Cost of project including labor \$ _____	

Detailed description of work:

5/8" x 3/4" tap and water meter

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.

Bradley Kempf  
Signature of Applicant

Bradley Kempf  
Printed Name of Applicant

8/24/21  
Date