



LEE'S SUMMIT MISSOURI

Scope of Work Statement

Applicant: Arrow Circle Electric, Inc. Contractor/Homeowner/Tenant? (Circle one)
Primary Contact: Randy Reed Phone: 816-838-9553 Email: randy@arrowcircleelectric.com

Project Address: David Road & Cobey Creek Drive 500 SE David Rd.
Name of Owner: Spectrum 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: _____

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"/>		
Other:	<input checked="" type="checkbox"/>	Cost of project including labor \$	1200.00

Detailed description of work: _____
Provide and install service conductors for Spectrum communication cabinet in subdivision.
Cabinet to be set by other, trenched by other, cabinet electrical "factory installed".

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

Randy Reed - Operations Manager
Printed Name of Applicant

1/5/2022
Date