



LEE'S SUMMIT MISSOURI

Scope of Work Statement

Applicant: QUALITY HOME CONCEPTS Contractor ☒ Homeowner ☐ Tenant ☐
Primary Contact: FRANK KENT Phone: 816-694-1978 Email: FRANK.QHC@GMAIL.COM

Project Address: 2104 NW SHAMROCK AVE LEE'S SUMMIT
Name of Owner: MIKE GENTLES Phone: 573-233-4170
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 ≥ 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: <u>HVAC : FOXWOOD SERVICES</u>	Square feet _____
Retaining wall over 48"	<input type="checkbox"/>	CONTRACTOR	
Swimming pool	<input type="checkbox"/>	Electrical contractor <u>HENNING ELECTRICAL</u>	Plumber (NG?) <u>ACLU-PLUMBING</u>
Lawn irrigation	<input type="checkbox"/>		
Other:	<input type="checkbox"/>	Cost of project including labor \$ <u>34110.00</u>	

Detailed description of work:

BASEMENT FINISHING FOR LIVING SPACE

ADD FRAMING / ELECTRICAL / HVAC / PLUMBING / FLOOR COVERING

730 SQFT

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]
Signature of Applicant

FRANK KENT
Printed Name of Applicant

1/3/22
Date