LEE'S SUMMIT
MISSOURI

Scope of Work Statement

Applicant: QUALITY HOME CONCEPTS Contractor [X] Homeowner [ ] Tenant [ ]
Primary Contact: FRANK KENT Phone: 816-694-1978 Email: FKENT.QHC@GMAIL.COM

Project Address: 2939 SW ARBORWOODS DR.
Name of Owner: STEFANIE SHUSTEK Phone: 407-491-4843
Residential [X] Commercial [ ]

Check all that Apply

Water service Repair [ ] Replace [ ] Work in right of way? [ ]
Sewer service Repair [ ] Replace [ ] Work in right of way? [ ]
Electrical service Repair [ ] Replace [ ] Amperage: _____ (Engineer required of ≥ 400)
HVAC Repair [ ] Replace [ ]

Uncovered deck: [ ] Covered deck: [ ] Square Feet: _____

Accessory Structure: [ ] Description: _____ Square feet _____

Interior Alterations: [ ] Description: _____ Square feet _____

Addition: [ ] ~~Description~~: HVAC : FOXWOOD SERVICES Square feet _____

Retaining wall over 48" [ ] CONTRACTOR
Swimming pool [ ] Electrical contracto ASHLER ELECTRICAL CONSTRUCTION, INC Plumber (NG?) ALLEN-PLUMBING
Lawn irrigation [ ]
Other: [ ] Cost of project including labor $ 32,190.00

Detailed description of work:

BASEMENT FINISHING FOR LIVING SPACE (672 SQFT)
ADD FRAMING / ELECTRICAL / HVAC / PLUMBING / FLOOR COVERINGS

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

FRANK KENT
Printed Name of Applicant

1/3/22
Date