



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.KENT@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 ☐ 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: _____ Square feet _____
Retaining wall over 48" ☐ Description: HVAC : FOXWOOD SERVICES
Swimming pool ☐ Contractor ASHLER ELECTRICAL
Lawn irrigation ☐ Electrical contractor CONSTRUCTION, INC. Plumber (NG?) ALLEN PLUMBING
Other: ☐ Cost of project including labor \$ 34110.00

Detailed description of work:

BASEMENT FINISHING FOR LIVING SPACE

730 SQFT

ADD FRAMING / ELECTRICAL / HVAC / PLUMBING / FLOOR COVERING

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