



LEE'S SUMMIT MISSOURI

Scope of Work Statement

Applicant: <u>Aqua Blue Designs, Inc.</u>	Contractor <input checked="" type="checkbox"/>	Homeowner <input type="checkbox"/>	Tenant <input type="checkbox"/>
Primary Contact: <u>Norm Whitted</u>	Phone: <u>816-582-3703</u>	Email: <u>norm@lovethespool.com</u>	

Project Address: <u>1804 SW River Run Drive</u>	
Name of Owner: <u>Mark Barrett</u>	Phone: <u>816-582-3703</u>
Residential <input checked="" type="checkbox"/>	Commercial <input type="checkbox"/>

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: <u>100</u> (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: _____	Square feet _____
Retaining wall over 48"	<input type="checkbox"/>		
Swimming pool	<input checked="" type="checkbox"/>	Electrical contractor <u>Guiding Light Elec Plumber (NG?)</u>	
Lawn irrigation	<input type="checkbox"/>		
Other:	<input type="checkbox"/>	Cost of project including labor \$ <u>78485</u>	
Detailed description of work: Install inground fiberglass pool per submitted plans (check box above for pool will not allow me to check it)			

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

Norm Whitted

Printed Name of Applicant

1-12-2022

Date