LS

LEE'S SUMMIT
MISSOURI

Scope of Work Statement

Applicant: Recreation Wholesale LLC Contractor [X] Homeowner [ ] Tenant [ ]
Primary Contact: Shandra Mortensen Phone: 816-730-1498 Email: accounting@recreationwholesale.com

Project Address: 3112 SW Arboridge Dr Lee's Summit MO 64082
Name of Owner: David Kubayko Phone: _____
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: _____ Square feet _____

Retaining wall over 48" [ ]
Swimming pool [X] Electrical contractor Arrow Circle Electric Plumber (NG?) _____
Lawn irrigation [ ]
Other: [ ] Cost of project including labor $ 37,740

Detailed description of work:
Install 12 x 24 inground swimming pool, steel walls, liner, 4' concrete pool deck around perimeter per code compliance

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

Shandra Mortensen
Printed Name of Applicant

2/18/2022
Date