



LEE'S SUMMIT MISSOURI

Scope of Work Statement

Applicant: BEAR CONSTRUCTION Contractor/Homeowner/Tenant? (Circle one)
Primary Contact: LELAND HICKS Phone: 913.238.0081 Email: L.Hicks@BEARCONSTRUCTIONSERVICES.com

Project Address: 500 N.W. CHIPMAN ROAD
Name of Owner: DUTCH BROS COFFEE Phone: 913.238.0081
Residential/Commercial? (Circle one)

Water service repair/replace: <input type="checkbox"/>	Work in right of way? <input type="checkbox"/>
Sewer service repair/replace: <input type="checkbox"/>	Work in right of way? <input type="checkbox"/>
Electrical service repair/replace <input type="checkbox"/>	Amperage: _____ (Engineer required of ≥ 400)
HVAC repair/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 type="checkbox"/>	Electrical contractor <u>PRECISE ELECTRIC</u> Plumber (NG?) _____
Lawn irrigation <input type="checkbox"/>	
Other: <input type="checkbox"/>	Cost of project including labor \$ <u>1500</u>

Detailed description of work:
100 AMP TEMP SERVICE FOR CONSTRUCTION
TEMP PANEL INSTALL FOR ENERGY RELEASE

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

LELAND E. HICKS
Printed Name of Applicant

2/25/22
Date