

Scope of Work Statement

 Applicant:
 Clayton Properties Group Inc
 Contractor Homeowner/Tenant? (Circle one)

 Primary Contact:
 Lorrie Landrum
 Phone:
 816-246-6700
 Email:
 Permitting@summithomeskc.com

| Project Address: 3534 SE Corbin Dr | | |
|--------------------------------------|--------|--|
| Name of Owner: | Phone: | |
| Residential)Commercial? (Circle one) | | |

| Water service repair/replace: | | Work in right of way? 🛛 | |
|---|------------------------|--------------------------------|----------------|
| Sewer service repair/replace: | | Work in right of way? 🛛 | |
| Electrical service repair/replace | ce 🗆 | Amperage: (Engineer required o | f ≥ 400) |
| HVAC repair/replace | | | |
| Uncovered deck: | | Covered deck: □ Square feet: | |
| Accessory Structure: | | Description: | Square feet |
| Interior Alterations: | $\left \right\rangle$ | Description: Basement finish | Square feet888 |
| Addition: | | Description: | Square feet |
| Retaining wall over 48" | | | |
| Swimming pool | | Electrical contractor Plumbe | r (NG?) |
| Lawn irrigation | | | |
| Other: Cost of project including lat | oor\$ | 57720 | |

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.

Printed Name of Applicant

errie Landrum

Signature of Applicant

Lorrie Landrum

3/9/22

Date