



LEE'S SUMMIT MISSOURI

Scope of Work Statement

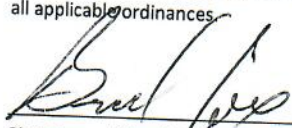
Applicant: LANGSFORD Development, Inc Contractor/Homeowner/Tenant? (Circle one)
Primary Contact: BRAD COX Phone: 816-304-4324 Email: brad@langsforddevelopment.com

Project Address: 612 B SW 3rd St.
Name of Owner: Langsford Development Phone: 816-304-4324
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 ☒ Amperage: 100A (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 ☐ Electrical contractor _____ Plumber (NG?) _____
Lawn irrigation ☐
Other: ☐ Cost of project including labor \$

Detailed description of work: Safety Check Required by Energy due to
VACANCY of unit.

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

BRAD COX
Printed Name of Applicant

4/5/22
Date