



LEE'S SUMMIT MISSOURI

Scope of Work Statement

Applicant: Classic Design Homes Contractor/Homeowner/Tenant? (Circle one)
Primary Contact: Chad Phone: 816-699-7727 Email: Chad.Buter@ClassicDesignKC.com

Project Address: 501 NE WENONKA Place
Name of Owner: Classic Design Homes Phone: 816-699-7727
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 checked="" type="checkbox"/>	Description: <u>Room Addition</u>	Square feet <u>168</u>
Addition:	<input type="checkbox"/>	Description: <u>Finish Basement</u>	Square feet _____
Retaining wall over 48"	<input type="checkbox"/>		
Swimming pool	<input type="checkbox"/>	Electrical contractor _____	Plumber (NG?) _____
Lawn irrigation	<input type="checkbox"/>		
Other:	<input type="checkbox"/>	_____	

Cost of project including labor \$ 10,000

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.

Chad Buter
Signature of Applicant

Classic Design Homes
Printed Name of Applicant

6-9-2022
Date

Codes Admin/Forms/Codes/Forms/Scope of Work Statement