



LEE'S SUMMIT MISSOURI

Scope of Work Statement

Applicant: Clayton Properties Group	<u>Contractor</u> /Homeowner/Tenant? (Circle one)
Primary Contact: Lorrie Landrum	Phone: 816-246-6700 Email: Permitting@summithomeskc.com

Project Address: 428 NW Kaylea Ct
Name of Owner: _____ Phone: _____
<u>Residential</u> /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 checked="" type="checkbox"/>	Covered deck: <input type="checkbox"/> Square feet: _____
Accessory Structure: <input type="checkbox"/>	Description: _____ Square feet _____
Interior Alterations: <input checked="" type="checkbox"/>	Description: Basement finish Square feet 840
Addition: <input type="checkbox"/>	Description: _____ 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 \$	54600

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

Lorrie Landrum

Printed Name of Applicant

8/12/2022

Date