



LEE'S SUMMIT MISSOURI

Scope of Work Statement

Applicant: ABLE Electric Contractor ☒ Homeowner ☐ Tenant ☐
Primary Contact: Tom Phone: 816-4555282 Email: ABLEElec@KCR.com

Project Address: 200 SW Mission Rd
Name of Owner: FRITTS Phone: 816-225-7572
Residential ☒ Commercial ☐

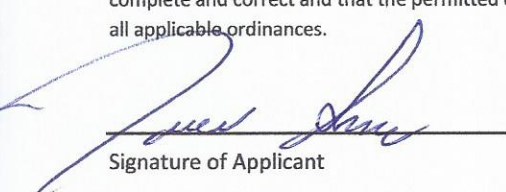
Check all that Apply

Water service	Repair <input type="checkbox"/>	Replace <input type="checkbox"/>	Work in right of way? <input type="checkbox"/>
Sewer service	Repair <input type="checkbox"/>	Replace <input type="checkbox"/>	Work in right of way? <input type="checkbox"/>
Electrical service	Repair <input checked="" type="checkbox"/>	Replace <input type="checkbox"/>	Amperage: _____ (Engineer required of ≥ 400)
HVAC	Repair <input type="checkbox"/>	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 <input checked="" type="checkbox"/>	Plumber (NG?) _____
Lawn irrigation	<input type="checkbox"/>		
Other:	<input type="checkbox"/>	Cost of project including labor \$	<u>1500⁰⁰</u>

Detailed description of work:

Repair of 100 Amp Electric Service. New meter can Riser, 100 AMP Breaker Box

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

Tom Super
Printed Name of Applicant

8-24-2022
Date