

Scope of Work Statement

| Applicant: CM MOSE SON Contractor Homeowner Tenant Primary Contact: Soron Phone: 816 781 4707 Email: Soron Com | |
|--|-------------|
| Project Address: 4101 NE Lakewood Way Name of Owner: Codeman Equipment Phone: 913-575-2873 Residential Commercial | |
| Check all that Apply Water service Repair Replace Work in right of way? Sewer service Repair Replace Work in right of way? Electrical service Repair Replace Amperage: | |
| 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 Cost of project including labor \$4 (700) Detailed description of work: Unstall a 50kW generator with a 400 amp automatic transfer switch and run gas line | |

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.

Sarah McDonough Sarah McDonough
Signature of Applicant

Printed Name of Applicant

Date