



## LEE'S SUMMIT MISSOURI

### Scope of Work Statement

Applicant: TRV MARK Homes LLC Contractor/Homeowner/Tenant? (Circle one)  
Primary Contact: MARK Phone: 8165645613 Email: TRVmarkHomes, mark@6mitz

Project Address: 202 NW Amberslarm Dr  
Name of Owner: John Michael Pulley Phone: 816 946 0779  
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: \_\_\_\_\_ (Engineer required of  $\geq 400$ )  
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 \$ 1500.<sup>00</sup>

Detailed description of work:

Under slab plumbing has a Belly in the pipe going to  
Repair to code

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

Printed Name of Applicant

Date