



LEE'S SUMMIT
MISSOURI

Scope of Work Statement

Applicant: Douglas E + Gayla A Hay Contractor ☐ Homeowner ☒ Tenant ☐
Primary Contact: Gayla Phone: 816-786-2766 Email: gaylahay@gmail.com

Project Address: 540 NW Edgewood Trail Lee's Summit Mo 64081
Name of Owner: Douglas E + Gayla A Hay Phone: _____
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 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 checked="" type="checkbox"/>	Electrical contractor _____	Plumber (NG?) <u>Todd Maxwell</u>
Lawn irrigation	<input type="checkbox"/>		
Other:	<input type="checkbox"/>	Cost of project including labor \$ _____	

Detailed description of work:

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.

Gayla Hay
Signature of Applicant

Gayla Hay
Printed Name of Applicant

4/23/23
Date