



LEE'S SUMMIT MISSOURI

Scope of Work Statement

Applicant: Astrawatt Solar Contractor / Homeowner/Tenant? (Circle one)
 Primary Contact: Megan Hail Phone: 573-579-4669 Email: mhail@astrawatt.solar

Project Address: 257 SE Coyle Dr, Lee's Summit, MO 64063
 Name of Owner: Jeffrey Brandhorst Phone: (417) 838-4648
 Residential / 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 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 _____	Plumber (NG?) _____
Lawn irrigation	<input type="checkbox"/>		
Other: <u>Battery</u>	<input checked="" type="checkbox"/>	Cost of project including labor \$	<u>5000</u>
<u>Detailed description of work:</u>			
<u>LG ESS Home 8 Partial Home Backup Battery Installation.</u>			

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.

Megan Hail
Signature of Applicant

Megan Hail
Printed Name of Applicant

05/02/2023
Date