



LEE'S SUMMIT MISSOURI

Scope of Work Statement

Applicant:	<u>Capital Construction Services</u>	Contractor <input checked="" type="checkbox"/>	Homeowner <input type="checkbox"/>	Tenant <input type="checkbox"/>
Primary Contact:	<u>Doug</u>	Phone: <u>816 918 2665</u>	Email:	<u>dlothless@capitalconst.com</u>

Project Address:	<u>1730 NE Woods Chapel</u>		
Name of Owner:		Phone:	
Residential	<input type="checkbox"/>	Commercial	<input type="checkbox"/>

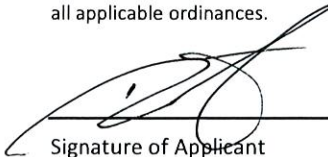
Check all that Apply

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 checked="" type="checkbox"/>	Amperage: <u>200</u>	(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 _____	Plumber (NG?) _____	
Lawn irrigation	<input type="checkbox"/>			
Other:	<input type="checkbox"/>	Cost of project including labor \$ _____		

Detailed description of work:

Electrical Service for Irrigation Controller

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

Doug Rothless
Printed Name of Applicant

5-10-23
Date