



LEE'S SUMMIT MISSOURI

Scope of Work Statement

Applicant: Mike Bryant Heating & Cooling Contractor Homeowner/Tenant? (Circle one)
Primary Contact: Carl Lathrop Phone: 913-238-0348 Email: Susan@MikeBryantHVAC.com

Project Address: 319 SE Douglas St, Unit 315
Name of Owner: Vicki Devils Phone: 816-533-1911
Residential/Commercial? (Circle one) Residential

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)
<u>HVAC repair/replace</u>	<input checked="" 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	\$8,766.00

Detailed description of work:

Change out of existing Condensing unit
on roof

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.

Susan

Signature of Applicant

Susan Fleenor

Printed Name of Applicant

6/14/23

Date