



LEE'S SUMMIT MISSOURI

Scope of Work Statement

Applicant: Countryside Scapes LLC Contractor ☒ Homeowner ☐ Tenant ☐
Primary Contact: Randy Brown Phone: 865-525-1157 Email: sendus mail@countrysidescapes.com

Project Address: 197 SW Winter Rd
Name of Owner: Jon & Vicki Condit 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 type="checkbox"/>	Electrical contractor _____	Plumber (NG?) _____
Lawn irrigation	<input checked="" 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.

Connie E Brown
Signature of Applicant

Connie E Brown
Printed Name of Applicant

9-6-23
Date