



LEE'S SUMMIT MISSOURI

Scope of Work Statement

Applicant: Cm Mose and Son Contractor ☒ Homeowner ☐ Tenant ☐
Primary Contact: Jennifer Phone: 8167814707 Email: jennifer@cmmoscandson.com

Project Address: 1832 SW Blackstone Pl
Name of Owner: David Schatz Phone: 816-916-9133
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 checked="" type="checkbox"/>	Replace <input 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:

Install a 26kw generator with a 200 amp transfer switch and run gas line

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.

Jf Coakley
Signature of Applicant

Jennifer Coakley
Printed Name of Applicant

10/9/23
Date