

Scope of Work Statement

Applicant: <u>CHAD</u> Allen Primary Contact: <u>CHAD</u> Allen	Abrand Contractor Homeo Srad Phone: <u>913-592-9190</u> Email: <u>Calle</u>	wher Tenant
Project Address: <u>2506</u> She Trucke CN, Cees Summing MU 64082 Name of Owner: <u>CHAD & Danielle</u> <u>Allenbrand</u> Phone: <u>913-592-9190</u> Residential X Commercial		
Check all that Apply Water service Repair Replate Sewer service Repair Replate Electrical service Repair Replate HVAC Repair Replate Uncovered deck: Image: Constructure in the image: Constructure in	lace Work in right of way? lace Amperage:(Engineer req lace Covered deck: Square Feet: Description: Description:	Square feet Square feet
Retaining wall over 48"	Description: Electrical contractor Arrow Electric Cost of project including labor \$ <u>/, 000</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.

Signature of Applicant

CHAD Allentr.

8/25/2022

Printed Name of Applicant

Date

Development Services | 220 SE Green Street, Lee's Summit, MO 64063 P: 816-969-1200 | F: 816-969-1201 | cityofls.net