



LEE'S SUMMIT MISSOURI

Scope of Work Statement

Applicant: CLARKSON CONSTRUCTION COMPANY Contractor ☒ Homeowner ☐ Tenant ☐
Primary Contact: BRIAN CICHENLO Phone: 816-536-8112 Email: bcichello@clarksonconstruction.com

Project Address: 1875 NE DOUGLAS
Name of Owner: CITY OF LEE'S SUMMIT 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 checked="" type="checkbox"/>	Amperage: <u>100</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 checked="" type="checkbox"/>	Cost of project including labor \$A <u>4,000</u>	

Detailed description of work:

CAPITAL ELECTRIC ★ RELOCATE EXISTING TRAFFIC SIGNAL CONTROLLER TO NE LOCATION ON THE SE CORNER OF COLEBURN & DOUGLAS.

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.

Brian D. Cichello
Signature of Applicant

BRIAN D. CICHENLO
Printed Name of Applicant

11/8/13
Date