

Scope of Work Statement

Applicant*:	□Contractor □Homeowner □Other	
*Please use licensed business name if applicable		
Primary Contact:	Phon	ne: Email:
Project Address:		
		Phone:
□Residential □Comn		project including labor \$
Water service	□Repair □Replac	e 🛛 Work in right of way?
Sewer service	□Repair □Replac	e DWork in right of way?
Electrical service	□Repair □Replac	the Amperage: (Engineer required of \geq 400)
Accessory Structure	Description:	Square feet
Interior Alterations	Description:	Square feet
Addition	Description:	Square feet
□Uncovered deck	□Covered deck Decl	k square footage:
□Swimming pool	□HVAC Replacement	
□Lawn Irrigation	□Retaining wall over 4	48″
Detailed description of work:		
Licensed contractors used for scope of work to be completed:		
	•	Electrical:
Plumbing:		

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.

Ashley Kirby Signature of Applicant

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