



LEE'S SUMMIT MISSOURI

Scope of Work Statement

Applicant*: RECREATION WHOLESALE LLC Contractor Homeowner Other _____

*Please use licensed business name if applicable

Primary Contact: PAM SMITHEE Phone: 816-730-6198 Email: pam@recreationwholesale.com

Project Address: 413 SE MILL CREEK CIRCLE LEE'S SUMMIT MO 64063

Name of Owner: DEREK/ASHLEY SMITH Phone: 816-500-9268

Residential Commercial Cost of project including labor \$ 75,200

- Water service Repair Replace Work in right of way?
- Sewer service Repair Replace Work in right of way?
- Electrical service Repair Replace Amperage: _____ (Engineer required of ≥ 400)
- Accessory Structure Description: _____ Square feet _____
- Interior Alterations Description: _____ Square feet _____
- Addition Description: _____ Square feet _____
- Uncovered deck Covered deck Deck square footage: _____
- Swimming pool HVAC Replacement
- Lawn Irrigation Retaining wall over 48"

Detailed description of work:
INSTALL AN IN-GROUND 18'X36' STEEL WALLED SWIMMING POOL WITH VARIABLE SPEED PUMP AND LARGE CARTRIDGE FILTER SYSTEM, HEAT/COOLING SYSTEM. POUR A 4' WIDE CONCRETE WALKWAY AROUND THE PERIMETER OF THE POOL. CUSTOMER IS RESPONSIBLE FOR THE ELECTRICAL CONTRACTOR. ALSO POUR A 40 SQ FT EQUIPMENT

Licensed contractors used for scope of work to be completed:
Mechanical: _____ Electrical: Landon Schroeder/Davis Electric
Plumbing: _____ Structural: _____ 816-456-0103

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

PAM SMITHEE
Printed Name of Applicant

11/22/2023
Date

Updated 11/2023 Codes Admin/Forms/Codes/Forms/Scope of Work Statement