



LEE'S SUMMIT MISSOURI

Scope of Work Statement

Applicant*: Kevin Higdon Construction ☒ Contractor ☐ Homeowner ☐ Other _____

*Please use licensed business name if applicable

Primary Contact: Doug Slotter Phone: 816-985-1650 Email: doug@higdonbuilders.com

Project Address: 4021 sagamore

Name of Owner: KHC Phone: 816-524-9797

☒ Residential ☐ Commercial Cost of project including labor \$ 25000.00

Water service	<input type="checkbox"/> Repair	<input type="checkbox"/> Replace	<input type="checkbox"/> Work in right of way?
Sewer service	<input type="checkbox"/> Repair	<input type="checkbox"/> Replace	<input type="checkbox"/> Work in right of way?
Electrical service	<input type="checkbox"/> Repair	<input type="checkbox"/> Replace	Amperage: _____ (Engineer required of ≥ 400)
Accessory Structure	Description: _____	Square feet	_____
Interior Alterations	Description: <u>basement finish</u>	Square feet	<u>762</u>
Addition	Description: _____	Square feet	_____
<input type="checkbox"/> Uncovered deck	<input type="checkbox"/> Covered deck	Deck square footage:	_____
<input type="checkbox"/> Swimming pool	<input type="checkbox"/> HVAC Replacement		
<input type="checkbox"/> Lawn Irrigation	<input type="checkbox"/> Retaining wall over 48"		

Detailed description of work:
basement finish

Licensed contractors used for scope of work to be completed:

Mechanical: united Electrical: interstate construction services

Plumbing: miller Structural: na

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

kevin higdon

Printed Name of Applicant

12-19-2023

Date

*Updated 11-2-23 -> (cityofls.net/Forms/Code/Forms/Scope of Work Statement)