



LEE'S SUMMIT MISSOURI

Scope of Work Statement

Applicant*: Ron Johnson ☐ Contractor ☒ Homeowner ☐ Other _____

*Please use licensed business name if applicable

Primary Contact: 816-969-1860 Phone: _____ Email: Ron.Johnson@cityofls.net

Project Address: 200 SE Green ST LSM

Name of Owner: City of Lee's Summit Phone: _____

☐ Residential ☒ Commercial Cost of project including labor \$ 1000

GAS
☒ 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:

★ Move Gas Line closer to Parking Garage wall

Charge to 6008200277300

Licensed contractors used for scope of work to be completed:

Mechanical: _____ Electrical: _____

Plumbing: ★ Mechanical Piping Structural: _____

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]
Signature of Applicant

Ron Johnson
Printed Name of Applicant

12-28-23
Date

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