



# LEE'S SUMMIT MISSOURI

## Scope of Work Statement

Applicant\*: \_\_\_\_\_ Contractor Homeowner Other \_\_\_\_\_

\*Please use licensed business name if applicable

Primary Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Project Address: \_\_\_\_\_

Name of Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Residential Commercial Cost of project including labor \$ \_\_\_\_\_

|  |  |                                  |  |
|--|--|----------------------------------|--|
| 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 $\geq 400$ ) |
| Accessory Structure                      | Description: _____                               |                                  | Square feet _____                                  |
| Interior Alterations                     | Description: _____                               |                                  | Square feet _____                                  |
| 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:

  
  
  
  

Licensed contractors used for scope of work to be completed:

Mechanical: \_\_\_\_\_ Electrical: \_\_\_\_\_

Plumbing: \_\_\_\_\_ 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 of Applicant Printed Name of Applicant Date

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