



LEE'S SUMMIT MISSOURI

Scope of Work Statement

Applicant*: Tiger Pool and Patio ☒ Contractor ☐ Homeowner ☐ Other _____

*Please use licensed business name if applicable

Primary Contact: Ashleigh Curfman Phone: 816-599-3610 Email: help@tigerpoolandpatio.com

Project Address: 4809 NE Jamestown Drive

Name of Owner: Kelly Kilduff Phone: 928-713-0797

☒ Residential ☐ Commercial Cost of project including labor \$ 50,000

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: _____ Square feet _____		
Addition	Description: _____ Square feet _____		
<input type="checkbox"/> Uncovered deck	<input type="checkbox"/> Covered deck	Deck square footage: _____	
<input checked="" 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:

Installation of a 12x24 vinyl liner inground swimming pool

Licensed contractors used for scope of work to be completed:

Mechanical: _____ Electrical: TruMark Homes- Steve 816-674-934

Plumbing: Total Plumbing LLC 816-267-0426 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.

Ashleigh Curfman
Signature of Applicant

Ashleigh Curfman
Printed Name of Applicant

02-22-2024
Date

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