

## **Scope of Work Statement**

| Applicant*:  | Contractor 🗆 Homeowner 🗆 Other |              |                              |                                |
|--|--------------------------------|--------------|------------------------------|--------------------------------|
| *Please use licensed business name if applicable             |                                |              |                              |                                |
| Primary Contact:   |                                | Phone:       | Email:                       |                                |
| Drojact Addross  |                                |              |                              |                                |
| Name of Owner  |                                |              | Phone:                       |                                |
| Name of Owner: Phone:   Project including labor \$           |                                |              |                              |                                |
|  |                                |              |                              |                                |
| Water service  | □Repair                        | □Replace     | □Work in right of way        | ?                              |
| Sewer service  | □Repair                        | □Replace     | $\Box$ Work in right of way? | ?                              |
| Electrical service   | □Repair                        | □Replace     | Amperage:                    | _ (Engineer required of ≥ 400) |
| Accessory Structure  | Description: _                 |              | Square                       | e feet                         |
| Interior Alterations   | Description: _                 |              | Square                       | e feet                         |
| Addition   | Description: _                 |              | Square                       | e feet                         |
| □Uncovered deck  | □Covered deo                   | ck Deck squa | are footage:                 |                                |
| □Swimming pool   | □HVAC Replacement              |              |                              |                                |
| □Lawn Irrigation   | □Retaining w                   | all over 48" |                              |                                |
| Detailed description of work:                                |                                |              |                              |                                |
|  |                                |              |                              |                                |
|  |                                |              |                              |                                |
|  |                                |              |                              |                                |
|  |                                |              |                              |                                |
| Licensed contractors used for scope of work to be completed: |                                |              |                              |                                |
| Mechanical:  |                                |              | ectrical:                    |                                |
| Plumbing:  |                                | Str          | uctural:                     |                                |

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

d 11/2023 Codes Admin/Forms/Codes/Forms/Scope of Work Statemer

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