



## LEE'S SUMMIT MISSOURI

### Scope of Work Statement

Applicant\*: JOE ROHLFING ☒ Contractor ☐ Homeowner ☐ Other \_\_\_\_\_

\*Please use licensed business name if applicable

Primary Contact: JOE ROHLFING Phone: (816) 547-1680 Email: jrohlfing1421@gmail.com

Project Address: 3045 NW THOREAU LN.

Name of Owner: JOE ROHLFING Phone: (816) 547-1680

☒ Residential ☐ Commercial Cost of project including labor \$ 24,000

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 $\geq 400$ )
Accessory Structure	Description: _____	Square feet	_____
Interior Alterations	Description: <u>FINISHING OFFICE/BATH</u>	Square feet	<u>200 sq ft.</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:

- ADDING / FINISHING Full BATH FROM EXISTING BEDROOM IN BASEMENT.
- ADDING / FINISHING OFFICE Room IN UNFINISHED AREA OF BASEMENT.

#### Licensed contractors used for scope of work to be completed:

Mechanical: STANGER INDUSTRIES Electrical: IN-HOME-SYSTEMS  
Plumbing: STANGER INDUSTRIES 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

JOE ROHLFING  
Printed Name of Applicant

2/26/2024  
Date