



## LEE'S SUMMIT MISSOURI

### Scope of Work Statement

Applicant: CLARKSON CONSTRUCTION COMPANY Contractor Homeowner/Tenant? (Circle one)

Primary Contact: BRIAN CICHELLO Phone: 816-536-8112 Email: bcichello@clarksonconstruction.com

Project Address: 1701 NW BLUE Pkwy

Name of Owner: CITY OF LEE'S SUMMIT Phone: STEVE PROUDFIT 816-969-1800

Residential/Commercial? (Circle one)

Water service repair/replace:	<input type="checkbox"/>	Work in right of way?	<input type="checkbox"/>
Sewer service repair/replace:	<input type="checkbox"/>	Work in right of way?	<input type="checkbox"/>
Electrical service repair/replace	<input checked="" type="checkbox"/>	Amperage: <u>100A</u>	(Engineer required of $\geq 400$ )
HVAC repair/replace	<input type="checkbox"/>		
Uncovered deck:	<input type="checkbox"/>	Covered deck:	<input type="checkbox"/> Square feet: _____
Accessory Structure:	<input type="checkbox"/>	Description: _____	Square feet _____
Interior Alterations:	<input type="checkbox"/>	Description: _____	Square feet _____
Addition:	<input type="checkbox"/>	Description: _____	Square feet _____
Retaining wall over 48"	<input type="checkbox"/>		
Swimming pool	<input type="checkbox"/>	Electrical contractor _____	Plumber (NG?) _____
Lawn irrigation	<input type="checkbox"/>		
Other:	<input type="checkbox"/>	Cost of project including labor \$	<u>2,446.67</u>

Detailed description of work:

SET METER / LIGHTING CONTROLLER FOR STREET LIGHTS ON  
COLBERN RD.

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.

Brian D. Cichello

Signature of Applicant

BRIAN CICHELLO

Printed Name of Applicant

4/4/24

Date