



LEE'S SUMMIT MISSOURI

Scope of Work Statement

Applicant: Prosser Wilbert Construction ____ **Contractor** / Homeowner / Tenant? (Circle one)
Primary Contact: Dave Noll Phone: 785 925 2552 ____ Email: dnoll@prosserwilbert.com

Project Address: 1020 NW Pryor RD Lee's Summit MO 64081 ____
Name of Owner: Dave Olson ____ Phone: 314-413-3598 ____
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	X	Amperage: 200 amp	____ (Engineer required of ≥ 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 \$	
Detailed description of work:		Supply job trailer with temp electric power	____

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.

Tim Foster ____
Signature of Applicant

Tim Foster ____
Printed Name of Applicant

4/4/2024 ____
Date