



LEE'S SUMMIT MISSOURI

Scope of Work Statement

Applicant: <u>Service Success LLC, dba Anthony PHCE</u>	Contractor <input checked="" type="checkbox"/>	Homeowner <input type="checkbox"/>	Tenant <input type="checkbox"/>
Primary Contact: <u>Kimberly Berge</u>	Phone: <u>913-268-4669</u>	Email: <u>kberge@anthonyphce.com</u>	

Project Address: <u>2036 SW Holdbrooks Drive Lee's Summit, MO 64082</u>
Name of Owner: <u>Dedei Scislwicz</u> Phone: <u>702-860-6092</u>
Residential <input checked="" type="checkbox"/> Commercial <input type="checkbox"/>

Check all that Apply

Water service	Repair <input type="checkbox"/>	Replace <input type="checkbox"/>	Work in right of way? <input type="checkbox"/>
Sewer service	Repair <input type="checkbox"/>	Replace <input type="checkbox"/>	Work in right of way? <input type="checkbox"/>
Electrical service	Repair <input type="checkbox"/>	Replace <input type="checkbox"/>	Amperage: <u>200-amp</u> (Engineer required of ≥ 400)
HVAC	Repair <input type="checkbox"/>	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 checked="" type="checkbox"/>	Cost of project including labor \$ <u>1,839</u>	

Detailed description of work:

Installing Tesla Gen3 wall connector car charger, dedicated circuit & surge protector

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.

Kimberly Berge
Signature of Applicant

Kimberly Berge
Printed Name of Applicant

410-207-4496
Date