



## LEE'S SUMMIT MISSOURI

### Scope of Work Statement

Applicant\*: Forrest Malone ☒ Contractor ☐ Homeowner ☐ Other \_\_\_\_\_

\*Please use licensed business name if applicable

Primary Contact: Forrest Malone Phone: 816-898-8106 Email: fsmalone@SBCglobal.net

Project Address: 410A SE 3<sup>rd</sup> St Suite 101 & Suite 102

Name of Owner: Storum Agency Phone: 816-554-8887

☐ Residential ☒ Commercial

Cost of project including labor \$ 10,000.00

- |  |  |                                  |  |
|--|--|----------------------------------|--|
| 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 _____                |  |
| <input checked="" type="checkbox"/> Interior Alterations | Description: <u>Remove NON bearing WALL</u>      | Square feet _____                |  |
| 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: Remove a NON-LOAD Bearing wall between Suite 101 and Suite 102 approx 10' in length. Install a double header to support upper sheet rock. Finish with sheet rock and paint. Carpet to be replaced.

Licensed contractors used for scope of work to be completed:

Mechanical: \_\_\_\_\_ Electrical: \_\_\_\_\_

Plumbing: \_\_\_\_\_ 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.

Forrest Malone  
Signature of Applicant

Forrest Malone  
Printed Name of Applicant

4/24/24  
Date

Updated 11/2023 Codes Admin/Forms/Codes/Forms/Scope of Work Statement