LEE'S SUMMIT
MISSOURI

Scope of Work Statement

Applicant*: TMF Electric ☒Contractor ☐Homeowner ☐Other_____

*Please use licensed business name if applicable

Primary Contact: Timothy Ferguson Phone: 816-654-4187 Email: tmfelectric616@yahoo.com

Project Address: 2635 SW Crane Road, Lee's Summit MO. 64082

Name of Owner: Kim Davis Phone: 816-591-7528

☒Residential ☐Commercial Cost of project including labor $ 750.00

Water service	☐Repair	☐Replace	☐Work in right of way?
Sewer service	☐Repair	☐Replace	☐Work in right of way?
Electrical service	☒Repair	☐Replace	Amperage: _____ (Engineer required of ≥ 400)
Accessory Structure	Description: _____		Square feet _____
Interior Alterations	Description: _____		Square feet _____
Addition	Description: _____		Square feet _____

☐Uncovered deck ☐Covered deck Deck square footage: _____

☐Swimming pool ☐HVAC Replacement

☐Lawn Irrigation ☐Retaining wall over 48"

Detailed description of work: 200 AMP

Relocate panel 3 feet to the left due to foundation repairs.

Licensed contractors used for scope of work to be completed:

Mechanical: _____ Electrical: Timothy Ferguson - TMF Electric

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.

Timothy Ferguson Timothy Ferguson 5-3-24

Signature of Applicant Printed Name of Applicant Date

Development Services|220 SE Green Street, Lee's Summit, MO 64063
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