

Scope of Work Statement

Applicant: CATES HEATING + CVULING Contractor/Homeowner/Tenant? (Circle one) Primary Contact: DAN STACKS Phone 913-343-5457 Email: dans @ CATESSERVICE + CONTRACTOR		
Project Address: 400 SW LUNGVIEW RUAD LEES SHAMIT MO 64081 Name of Owner: GALE COMMUNITES Phone: S16.805-5308 Residential/Commercial? (Circle one)		
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)
HVAC repair/replace	X	
		Covered deck: Square feet:
Accessory Structure:		Description:Square feet
Interior Alterations:		Description:Square feet
Addition:		Description:Square feet
Retaining wall over 48"		
Swimming pool		Electrical contractor Plumber (NG?)
Lawn irrigation		
Other:		Cost of project including labor \$ 133,433
Detailed description of work:		
REPLACE 6 FON RIY LINE FOR LIKE		
REPLACE 11 SPLIT SYSTEMS LIKE BU LIKE		
REPLACE ONE MINI SPLIT WHE FOR LIKE		
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 an applicable ordinarces. OAKIEL P. STACKI 5/14/24		

Printed Name of Applicant

Date

Signature of Applicant