



LEE'S SUMMIT MISSOURI

Scope of Work Statement

Applicant*: Staco Electric ☒ Contractor ☐ Homeowner ☐ Other _____

*Please use licensed business name if applicable

Primary Contact: Dave Goerke Phone: 913-645-8023 Email: dgoerke@stacoelectric.com

Project Address: 1950 SE Blue PKWY , Lee's Summit MO

Name of Owner: JE DUNN Phone: 602-300-9631

☐ Residential ☒ Commercial Cost of project including labor \$ 800.00

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: <u>100 amp</u> (Engineer required of ≥ 400)
Accessory Structure	Description: _____		Square feet _____
Interior Alterations	Description: _____		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:

Second Temporary electrical service for Temp A/C for building

Licensed contractors used for scope of work to be completed:

Mechanical: _____ Electrical: Staco 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.



Signature of Applicant

David A Goerke
Printed Name of Applicant

5/29/24
Date