

LEE'S SUMMIT MISSOURI

Scope of Work Statement

*Please use licensed business name if applicable Primary Contact: Phone: 8/6-876-092-Email: Project Address: 3209 5 W A-bor Tree Dr. Name of Owner: David Cordy Phone: 816	g76 . oc
Project Address: 3204 5 m Arbor Tree Dr. Name of Owner: David Cordy Phone: 816	,- g76 . oc
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□Residential □Commercial Cost of project including labor \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
Water service □Repair □Replace , □Work in right of way?	2
Sewer service	
Electrical service Repair Replace Amperage:(Engineer required of	f ≥ 400)
Accessory Structure Description:Square feet	
Accessory Structure Description: Square feet Square feet Square feet Square feet 640)
Addition Description:Square feet	
□Uncovered deck □Covered deck Deck square footage:	
□Swimming pool □HVAC Replacement	
□Lawn Irrigation □Retaining wall over 48"	10
Detailed description of work First beginnet. Add family rown, he buther non	elin,
Licensed contractors used for scope of work to be completed:	
Mechanical: rone Electrical: Home owner Plumbing: Hom owner Structural: wone	
Plumbing: 100 C Structural: 200 C	
AFFIDAVIT: I hereby certify that I have the authority to make the foregoing application and that the application, the best of my knowled complete and correct and that the permitted construction will conform to the regulations in the Codes adopted by the City of Lee's Sun all applicable ordinances.	
David Graly \ 8/27/24	(
Signature of Applicant Printed Name of Applicant Date Updated 11/2023 Codes Admin/Forms/Codes/Forms/Scope of Work Statement	

