



LEE'S SUMMIT MISSOURI

Scope of Work Statement

Applicant: CLARKSON CONSTRUCTION COMPANY/Contractor/Homeowner/Tenant? (Circle one)
Primary Contact: BRIAN CICHELO Phone: 816-536-8112 Email: bcichello@clarksonconstruction.com

Project Address: 471 NW COLBERN, RD, LEE'S SUMMIT, MO 64064
Name of Owner: CITY OF LEE'S SUMMIT Phone: STEVE PROUDFIT
Residential/Commercial? (Circle one) 816-969-1800

Water service repair/replace: ☐ Work in right of way? ☐
Sewer service repair/replace: ☐ Work in right of way? ☐
Electrical service repair/replace ☒ Amperage: 100 A (Engineer required of ≥ 400)
HVAC repair/replace ☐
Uncovered deck: ☐ 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 \$ 2,446.67

Detailed description of work:

SET METER / LIGHTING CONTROLLER FOR STREET LIGHTS ON
NEW COLBERN RD.

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.

Brian D. Cicello
Signature of Applicant

BRIAN D. CICHELO
Printed Name of Applicant

9/6/24
Date