



LEE'S SUMMIT MISSOURI

Scope of Work Statement

Applicant*: RECREATION WHOLESale LLC ☒ Contractor ☐ Homeowner ☐ Other _____

*Please use licensed business name if applicable

Primary Contact: PAM Phone: 816-730-6198 Email: accounting@recreationwholes

Project Address: 146 NW AMBERSHAM DR LEE'S SUMMIT MO 64081

Name of Owner: KELLY MCENTIRE Phone: 816-305-0075

☒ Residential ☐ Commercial Cost of project including labor \$ 93,950.00

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: _____ (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 checked="" 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:

Install 12'x24' in-ground fiberglass swimming pool.

Excavate pool area, setting the floor, pool delivery and placement, install plumbing and backfill, reinforce and bond beam, install coping and decking, pour equipment pad, set equipment-Electrician hired by customer will connect all equipment, Rough grade yard-Complete

Licensed contractors used for scope of work to be completed:

Mechanical: N/A Electrical: KDM Electrical LLC - Grain Valley MO
Plumbing: N/A Structural: N/A

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

PAM SMITHEE

Printed Name of Applicant

9/17/2024

Date

Updated 11/2023 Codes Admin/Forms/Codes/Forms/Scope of Work Statement