



LEE'S SUMMIT MISSOURI

Scope of Work Statement

Applicant*: TRUMARK HOMES LLC ☒ Contractor ☐ Homeowner ☐ Other _____

*Please use licensed business name if applicable

Primary Contact: MARK Phone: 8165645613 Email: TRUMARKHOMES.MARK@GMAIL.COM

Project Address: 2090-2094-2098 NW OBRIEN ROAD

Name of Owner: TRUMARK HOMES LLC Phone: 8165645613

☒ Residential ☐ Commercial Cost of project including labor \$ 75,000

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 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:
INSTALLING RETAINING WALLS ON THESE 3 LOTS

Licensed contractors used for scope of work to be completed:

Mechanical: _____ Electrical: _____

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

MARK YANCIK

Printed Name of Applicant

12-9-24

Date

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