

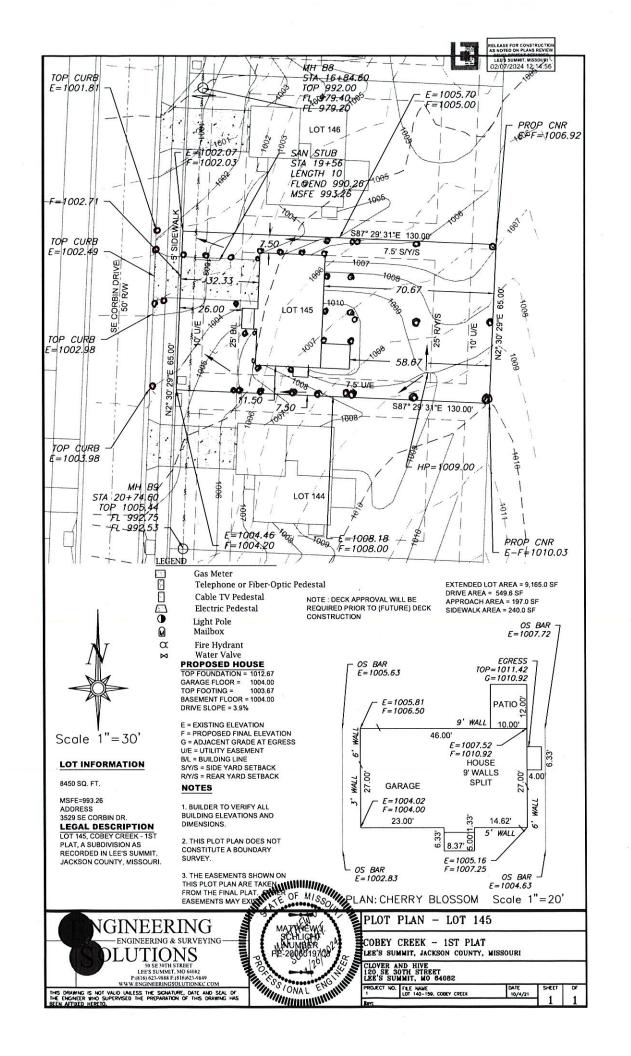
Scope of Work Statement

	business name if applicable ONE Phone: (816) 719	-7122 Email: KINGLEX 192@GMAIL.
	529 CORBIN DR.	(,,,
		Phone: 602-910-0287
⊠Residential □Comm	ercial Cost of project includ	ing labor \$ 6,000
Water service	□Repair □Replace □W	ork in right of way?
Sewer service	□Repair □Replace □W	ork in right of way?
Electrical service	□Repair □Replace Amp	perage: (Engineer required of ≥ 400)
Accessory Structure	Description:	Square feet
Interior Alterations	Description:	Square feet
Addition	Description:	Square feet
☐Uncovered deck	□Covered deck Deck square foota	ge:
☐Swimming pool	☐HVAC Replacement	
Lawn Irrigation	□Retaining wall over 48″	
Detailed description of	WORK: TON OF RESIDENT	IAL IRRIGATION
SYSTEM		
Licensed contractors u	sed for scope of work to be completed	i :
Mechanical:	Electrical: _	
Plumbing:	Structural: _	

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

all applicable ordinances.

Signature of Applicant





RELEASE FOR LAWN SPRINKLER SYSTEM IN CITY OF LEE'S SUMMIT RIGHT OF WAY (RESIDENTIAL)

In consideration for the City of Lee's Summit's permission to extend a Lawn Irrigation System into the City's right of way at (legal description of the property):

or the property.						
Lot No Plat Title	Address:	3529	SE Con	bin Dr	· Leis Su	emmît
County: Jackson	_ State:	MO			_	
release and forever discharge the City of demands for any use arising out of, relating the City's right of way for any purpose wha	g to, or bei			or agents fi	rom and against	be and the responsibilities of the contract of
NOW THEREFORE, the Undersigned herebrelease herein and said release shall run wand assigns.						
IN WITNESS WHEREOF, this release has bee	en read, sig	gned and seale	ed this3	day of	January	, 20 <u>75.</u>
	Ву:	Cody (Conning book	nun_		
STATE OF MISSOURI KANSAS COUNTY OF JACKSON JOWNSON	INDIV	IDUAL A	CKNOW	LEDGM	ENT	
ON THIS, The 3rd day of 5			20 <u>2\$,</u>	before n	ne, a Notary	Public, personally appeared
proved to me on the basis of satisfact acknowledged that he/she/the						
WITNESS my hand and official seal in the Co	/s/	State aforesai	Lim		above written.	
(Seal)		Aubrel Printed or Typ	oed Name			AUBREE SWISHER Motary Public - State of Kansas My Appt. Exp. 06/28/28
		08/28/7				

Revised 10/21/14