



LEE'S SUMMIT MISSOURI

Scope of Work Statement

BLOG.#4

Permit # PRCOM20235208

Applicant*: Streamline G.C. ☒ Contractor ☐ Homeowner ☐ Other _____

*Please use licensed business name if applicable

Primary Contact: Shawn Murphy Phone: 310-985-9117 Email: ShawnM@Streamline.build

Project Address: 2911 S.E. Shenandoah Parkway Lee Summit, MO 64

Name of Owner: RESIDENCES@BLACKWELL LLC Phone: 816-366-7900

☐ Residential ☒ Commercial

Cost of project including labor \$ 500.00 X(1)

- | | | | |
|--|--|----------------------------------|--|
| 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: INSTALLATION OF TEMP POWER METER STAND(1)
CONDUIT + GROUNDING, ADDRESSING DONE BY Elec. Sub.
100 AMPS

Licensed contractors used for scope of work to be completed:

Mechanical: _____ Electrical: KDM Elec.
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.

Shawn Murphy
Signature of Applicant

Shawn Murphy
Printed Name of Applicant

1-27-2025
Date

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