



LEE'S SUMMIT MISSOURI

Scope of Work Statement

Applicant*: AB May ☒ Contractor ☐ Homeowner ☐ Other _____

*Please use licensed business name if applicable

Primary Contact: Brenynn Williamson Phone: 9139011106 Email: brenynn.williamson@abmay.com

Project Address: 1928 SW Hightown Dr, Lee's Summit, MO, 64082

Name of Owner: Todd Kendrick Phone: 9495847915

☒ Residential ☐ Commercial Cost of project including labor \$ 453

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: <u>gas pressure test</u> 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:

Gas pressure test after repair of gas pipe from meter through inside of the home

Licensed contractors used for scope of work to be completed:

Mechanical: _____ Electrical: _____

Plumbing: AB May 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.

Brenynn Williamson
Signature of Applicant

Brenynn Williamson
Printed Name of Applicant

5/1/25
Date

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