

## LEE'S SUMMIT

## **Scope of Work Statement**

Applicant*: +4e	Islas Fau, Contractor -Homeowner Other
*Please use licensed bu	isiness name if applicable
Primary Contact: 1009	e Saviana Phone: 816-286.0931 Email: 093115@greail.com
Project Address: 250	36 South West FrACKer LAME
	1 AND COUNTRY LAWN Phone: 816 776 9420
X Residential □Comme	ercial Cost of project including labor \$ 200
Water service	□Repair □Replace □Work in right of way?
Sewer service	□Repair □Replace □Work in right of way?
Electrical service	$\Box$ Repair $\Box$ Replace Amperage: (Engineer required of ≥ 400)
	Description:Square feet
Interior Alterations	Description: Square feet
Addition	Description: Square feet
□Uncovered deck	□Covered deck Deck square footage:
☐Swimming pool	□HVAC Replacement
☐Lawn Irrigation	□Retaining wall over 48"
Detailed description of v	vork:
BACK PI	Nork: Atio Barbeaue place a gas line 3/4 a water live t for back of the house
and a outlet	T for back of the house
, e a a a	
Licensed contractors use	ed for scope of work to be completed:
Mechanical:	Electrical: 170 outlet 10 bock yard
Dlumbing ( C / Ad 1)	UK E Water It we Structural:

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

Printed Name of Applicant

Signature of Applicant

Jorge SauTova