

## **Scope of Work Statement**

Applicant*:	licant*: Contractor ☐ Homeowner ☐ Other				
*Please use licensed business name if applicable  Primary Contact: Phone: Email:					
Trimary contact.		Friorie		<u></u>	
Name of Owner: Phone:					
□Residential □Commercial Cost of project including labor \$					
Water service	□Repair	□Replace	□Work in right of way?		
Sewer service	□Repair	□Replace	□Work in right of way?		
Electrical service	□Repair	□Replace	Amperage:	(Engineer required of ≥ 400)	
Accessory Structure	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 work:					
Licensed contractors (	used for scope	of work to be c	ompleted:		
Mechanical: Electrical:					
Plumbing: Structural:					
•	d that the permitted	=		that the application, the best of my knowledge, is n the Codes adopted by the City of Lee's Summit and	
	Meh				
Signature of Applican	F		Name of Applicant Forms/Codes/Forms/So	Date cope of Work Statement	