



LEE'S SUMMIT MISSOURI

Scope of Work Statement

Applicant*: Tech Electronics of Kansas ☒ Contractor ☐ Homeowner ☐ Other _____

*Please use licensed business name if applicable

Primary Contact: Collene Swanger Phone: 314-956-3914 Email: collene.swanger@techelectronics.com

Project Address: 2600 SW 3rd St. Lee's Summit, MO 64081

Name of Owner: Lee's Summit School District Phone: 816-986-1171

☐ Residential ☒ Commercial Cost of project including labor \$ 150,000.00

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 checked="" type="checkbox"/> Replace	Amperage: <u>FA System</u> (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: Replacement of current FA alarm system

Licensed contractors used for scope of work to be completed:

Mechanical: _____ Electrical: _____

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.

Signature of Applicant

Printed Name of Applicant

Date

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