



**LEE'S SUMMIT**  
MISSOURI

**Scope of Work Statement**

Applicant\*: Eskelle ☒ Contractor ☐ Homeowner ☐ Other \_\_\_\_\_

\*Please use licensed business name if applicable

Primary Contact: April Mote Phone: 816-527-6037 Email: Eskelle@gmail.com

Project Address: 2217 NW Summerfield Dr Lee's Summit 64081

Name of Owner: Jon Courtney Phone: 816-806-7078

☒ Residential ☐ Commercial Cost of project including labor \$ 10,000

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 $\geq 400$ )
Accessory Structure	Description: <u>Pergola on Back house</u>		square feet <u>280 sq ft</u>
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:

Pergola back of house

Licensed contractors used for scope of work to be completed:

Mechanical: \_\_\_\_\_ Electrical: \_\_\_\_\_  
Plumbing: \_\_\_\_\_ Structural: Eskelle, GT custom

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

April Mote  
Printed Name of Applicant

7/7/2028  
Date

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