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## Scope of Work

Job/Project Name: \_\_\_\_\_ Permit #: \_\_\_\_\_

Job Site Address: \_\_\_\_\_

Contractor/Owner: \_\_\_\_\_

Plan Review Type:  Commercial  Residential 1 or 2 units  Residential 3 or more units

Work Description – List each item separately.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

Will structural work be involved? Yes /No

Explain \_\_\_\_\_

\_\_\_\_\_

*Work that does not require a building permit includes: painting, caulking, cleaning, carpet replacement and wallpaper.*

Contractor/Owner: \_\_\_\_\_

Signature

Date

Print Name