



**Building Safety Division**  
PO Box 708  
1 Riverfront Plaza, Suite 110  
Lawrence, Kansas 66044  
p. (785) 832-7700  
f. (785) 832-3110  
[www.lawrenceks.org/pds](http://www.lawrenceks.org/pds)  
[buildinginspections@ci.lawrence.ks.us](mailto:buildinginspections@ci.lawrence.ks.us)

## **ELECTRICAL, MECHANICAL, AND PLUMBING MISCELLANEOUS PERMIT**

PLEASE ALLOW 2 BUSINESS DAYS FOR PROCESSING APPLICATION BEFORE CALLING FOR INSPECTION

Date: \_\_\_\_\_ Project Valuation: \_\_\_\_\_

Select Permit Type:  Mechanical  Electrical  Plumbing

Select Building Type:  Residential One/Two Dwelling  Residential Apartment/Duplex  Commercial  
 Homeowner as Contractor (please complete this form and the Owner/Occupant Form on back)

Project Address: \_\_\_\_\_

### **CONTRACTOR INFORMATION**

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Address City State Zip Code

Phone No. \_\_\_\_\_ Cell Phone No. \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

### **SUB-CONTRACTOR INFORMATION**

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Address City State Zip Code

Phone No. \_\_\_\_\_ Cell Phone No. \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

### **DETAILED DESCRIPTION OF WORK:**

(Attach appropriate information)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please Print Name: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

REQUESTED INSPECTION DATE: \_\_\_\_\_

### **OFFICE USE ONLY**

Permit Cost: \_\_\_\_\_ Permit No. \_\_\_\_\_

Approved By: \_\_\_\_\_  Paid Staff Initials: \_\_\_\_\_



**Building Safety Division**  
PO Box 708  
1 Riverfront Plaza, Suite 110  
Lawrence, Kansas 66044  
p. (785) 832-7700  
f. (785) 832-3110

[www.lawrenceks.org/pds](http://www.lawrenceks.org/pds)  
[buildinginspections@ci.lawrence.ks.us](mailto:buildinginspections@ci.lawrence.ks.us)

## **ELECTRICAL, MECHANICAL, AND PLUMBING MISCELLANEOUS PERMIT**

Date: \_\_\_\_\_

I, \_\_\_\_\_, owner-occupant of the single-family dwelling at,  
 \_\_\_\_\_, wish to secure a permit to do

(please select)     **Mechanical**     **Electrical**     **Plumbing**, on my premises.

All materials will be purchased and installed by myself according to the City code. I will reside in this dwelling for a minimum of one year from the date of completion.

It is my understanding that I/we may be required to obtain the services of a licensed contractor to complete the job in the event the Inspector determines there is a lack of ability to follow the code.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature (Owner/Applicant)

WITNESSED BY:

\_\_\_\_\_  
Electrical Inspector

\_\_\_\_\_  
Plumbing Inspector

\_\_\_\_\_  
Mechanical Inspector

\_\_\_\_\_  
Inspection Supervisor

**OFFICE USE ONLY**

**Permit No.** \_\_\_\_\_