



6090 Woodson Street  
 Mission, KS 66202  
 Phone: (913) 676-8360  
 Fax: (913) 722-1415

Permit # \_\_\_\_\_

### Electrical Permit Application

<b>Property Owner</b>		<b>Site Address</b>	
Name		Address	
Address			
City/ST/ZIP			
Telephone			
<b>Electrical Contractor</b>			
Company			
Licensee Name			
Address		License #	
City/ST/ZIP		License Class	
Phone:			
Fax:			
<b>Utilities</b>		*****ELECTRICAL*****	
Electric Co.		Commercial <input type="checkbox"/> Residential <input type="checkbox"/>	
<b>Description of Work</b>			
<b>Valuation</b>		NOTE: THE NATIONAL ELECTRICAL CODE 2011, INTERNATIONAL PLUMBING CODE 2012, INTERNATIONAL RESIDENTIAL CODE 2012, INTERNATIONAL BUILDING CODE 2012 AND INTERNATIONAL MECHANICAL CODE 2012 HAVE BEEN ADOPTED.	
Total Cost \$ _____			
X _____ <small>Signature of company licensee required per Johnson County Contractor Licensing Program</small>			
PERMIT FEE: \$ _____		RECEIPT # _____	
APPROVED: _____		BY: _____ Date: _____	