



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

Framing Sub-Contractor Information

General Contractor _____		Permit# _____	
Contact		Phone #	
Property Owner		Site Address	
Name		Address	
Address		City/ST/ZIP	
City/ST/ZIP		Township Name	
Telephone		Subdivision	
Framing Contractor			
Company			
Licensee Name			
Address		License #	
City/ST/ZIP		License Class	
Phone:			
Fax:			
Description of Work			
		FRAMING	
		Commercial <input type="checkbox"/> Residential <input type="checkbox"/>	
Valuation		NOTE: THE NATIONAL ELECTRICAL CODE 2011, INTERNATIONAL PLUMBING CODE 2012, INTERNATIONAL RESIDENTIAL CODE 2012, INTERNATIONAL BUILDING CODE 2012 AND THE INTERNATIONAL MECHANICAL CODE 2012 HAVE BEEN ADOPTED.	
Total Cost \$ _____			
X _____			
Signature of company licensee required per Johnson County Contractor Licensing Program			