



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

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

### Plumbing Permit Application

Property Owner	Site Address
Name	Address
Address	
City/ST/ZIP	
Telephone	

Plumbing Contractor	
Company	
Licensee Name	
Address	License #
City/ST/ZIP	License Class
Phone:	
Fax:	

Utilities	*****PLUMBING*****
Gas Co.	Commercial <input type="checkbox"/> Residential <input type="checkbox"/>

Description of Work

Valuation
Total Cost \$ _____

NOTE: THE INTERNATIONAL PLUMBING CODE 2012, NATIONAL ELECTRICAL CODE 2011, INTERNATIONAL RESIDENTIAL CODE 2012, INTERNATIONAL BUILDING CODE 2012 AND THE INTERNATIONAL MECHANICAL CODE 2012 HAVE BEEN ADOPTED.

X \_\_\_\_\_  
 Signature of company licensee required per Johnson County Contractor Licensing Program

PERMIT FEE: \$ _____	RECEIPT # _____
APPROVED: _____	BY: _____ Date: _____