



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

Plumbing 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	
Plumbing Contractor			
Company			
Licensee Name			
Address		License #	
City/ST/ZIP		License Class	
Phone:			
Fax:			
Description of Work			
Utilities		***PLUMBING***	
Gas Co.		Commercial <input type="checkbox"/> Residential <input type="checkbox"/>	
Valuation		Note: THE INTERNATIONAL PLUMBING CODE 2006, THE NATIONAL ELECTRICAL CODE 2005, THE INTERNATIONAL RESIDENTIAL CODE 2006, THE INTERNATIONAL BUILDING CODE 2006 AND THE INTERNATIONAL MECHANICAL CODE 2006 HAVE BEEN ADOPTED.	
Total Cost \$ _____			
X _____			
Signature of company licensee required per Johnson County Contractor Licensing Program			