



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

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