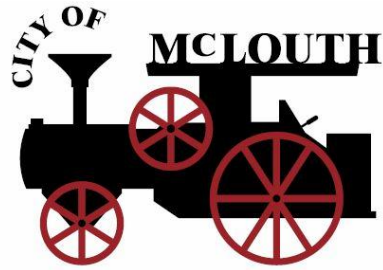


City of McLouth

110 N Union St
McLouth, KS 66054
Office: 913-796-6411
Fax: 913-796-6131
www.CityofMcLouth.org



Electrical Application

Date: _____ Permit is valid for 6 months after the date of issue

Name of owner: _____

Address: _____

Owners Contact number: _____ Electrical construction proposed: _____

Class of Occupancy: _____ Class of Construction: _____

Kind of Materials used: _____

Estimated Cost: _____ Date work to start: _____ work to end: _____

Name of Electrician, contractor or contractors information:

Name: _____ Phone: _____

Address: _____

Additional information: _____

(Inspection fee \$50: By appointment, payment due before inspection takes place.)

I hereby certify that the above application are true and correct to the best of my knowledge and agree to comply with all city regulations set forth in the City of McLouth Code and the laws of the State of Kansas.

Signature of Owner: _____ Date: _____

Signature of Electrician: _____ Date: _____

Office use Only			
Date Received:		Date Approved:	
Received by:		Permit Number:	
Copy of Insurance Received \$100,00 \$300,000 \$50,000:		Fee:	