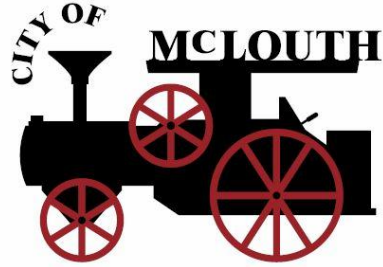


City of McLouth

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



Plumbers Application

No Fee Required

Date of issue: _____ Permit expires 6 months after the date of issue

Date: _____ Owners Contact number: _____

Name of owner: _____

Address: _____

Plumbing work proposed: _____

Class of Occupancy: _____ Class of Construction: _____

Kind of Materials used: _____

Estimated Cost: _____ Date work will commence: _____

Name of Plumber, plumbing contractor or contractors information:

License Number: _____

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 Plumber: _____ Date: _____

Office use Only			
Date Received:		Date Approved:	
Received by:		Permit Number:	
Copy of Insurance Received:		Fee:	