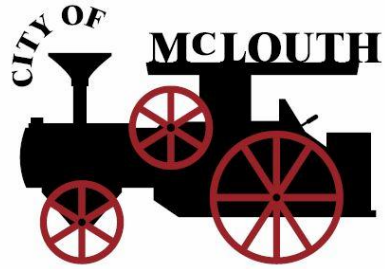


# City of McLouth

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: \_\_\_\_\_ KS TAX ID: \_\_\_\_\_

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:	