

City of Larned
 Building Inspections
 417 Broadway
 Larned, Kansas 67550
 (620) 285-8500

Mechanical Permit Application

Application Date _____



Property Information

| | | |
|----------------|-------------|-----|
| Street Address | City, State | Zip |
|----------------|-------------|-----|

Owner Information

| | | | |
|----------------|-----------|-------|-----|
| First Name | Last Name | Phone | |
| Street Address | City | State | Zip |

Contractor Information

| | |
|------|-------|
| Name | Phone |
|------|-------|

Project Information

| Project Description | Type of Work | Estimated Cost |
|--|----------------------------------|------------------------------------|
| <input type="checkbox"/> Single Family | <input type="checkbox"/> New | \$ _____ |
| <input type="checkbox"/> Duplex | <input type="checkbox"/> Remodel | |
| <input type="checkbox"/> Multi Family | <input type="checkbox"/> Repair | |
| <input type="checkbox"/> Detached Garage | | Estimated Completion Date _____ |
| <input type="checkbox"/> Shed | | |
| <input type="checkbox"/> Deck | | |
| <input type="checkbox"/> Commercial | | |
| <input type="checkbox"/> Other | | |

Indicate the number being installed for each of the items below:

| | |
|--|--|
| <input type="checkbox"/> Air Conditioner Units <input type="checkbox"/> Air Handler Units <input type="checkbox"/> Boilers <input type="checkbox"/> Commercial Range Hoods <input type="checkbox"/> Duct Work <input type="checkbox"/> Floor Furnace <input type="checkbox"/> Forced Air Systems | <input type="checkbox"/> Furnace <input type="checkbox"/> Gas Fixtures <input type="checkbox"/> Hood Fire Ext. System <input type="checkbox"/> Refrigeration Units <input type="checkbox"/> Rooftop Units <input type="checkbox"/> Sprinkler System <input type="checkbox"/> Wall Heater |
|--|--|

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent. I also certify that the information provided is correct and that I will comply with all zoning regulations, as well as all City, State and Federal requirements. A permit issued upon false statement of any fact, which is material to the issuance of a permit, shall void said permit. Permits and/or Certificates of Occupancy, when issued, DO NOT NULLIFY ANY DEED RESTRICTIONS OR EASEMENTS VALIDLY FILED OF RECORD. In addition, I agree to install appropriate erosion control measures in order to avoid dirt, sand and other material from accumulating within public street right-of-ways. I also agree that if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

| | |
|-----------|------|
| Signature | Date |
|-----------|------|

Office Use Only

| | | |
|---------------------|----------------|-------------------------|
| Permit Fee \$ _____ | Permit # _____ | Permit Issue Date _____ |
|---------------------|----------------|-------------------------|