

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

# Plumbing Permit Application

Application Date \_\_\_\_\_



## Property Information

Street Address	City, State	Zip
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## Owner Information

First Name	Last Name	Phone	
Street Address	City	State	Zip

## Contractor Information

Name	Phone
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## 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	Estimated Completion Date _____
<input type="checkbox"/> Detached Garage		
<input type="checkbox"/> Shed		
<input type="checkbox"/> Deck		
<input type="checkbox"/> Commercial		
<input type="checkbox"/> Other		

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

<b>FIXTURES</b> <input type="checkbox"/> Auto Washers <input type="checkbox"/> Dishwashers <input type="checkbox"/> Drinking Fountains <input type="checkbox"/> Floor Drains <input type="checkbox"/> Garbage Disposal <input type="checkbox"/> Grease Trap <input type="checkbox"/> Lavatory <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Sand Trap <input type="checkbox"/> Showers <input type="checkbox"/> Sinks	<input type="checkbox"/> Sump Pump <input type="checkbox"/> Tubs <input type="checkbox"/> Water Closet  <b>GAS OUTLETS</b> <input type="checkbox"/> Cook Range <input type="checkbox"/> Fire Place <input type="checkbox"/> Furnace <input type="checkbox"/> Gas Grill <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Space Heater <input type="checkbox"/> Water Heater	<b>GENERAL</b> <input type="checkbox"/> Building Sewer Line <input type="checkbox"/> Gas Service Line <input type="checkbox"/> Back Flow Preventer <input type="checkbox"/> Septic Tank <input type="checkbox"/> Sewer Line <input type="checkbox"/> Water Distribution Line <input type="checkbox"/> Water Heater Install <input type="checkbox"/> Water Service Line <input type="checkbox"/> Water Softener Install	<b>SEWER</b> <input type="checkbox"/> Sewer Hookup <input type="checkbox"/> Benefit District <input type="checkbox"/> Sewer Hookup NC <input type="checkbox"/> Sewer Hookup <input type="checkbox"/> No Benefit
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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
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Office Use Only

Permit Fee \$ \_\_\_\_\_ Permit # \_\_\_\_\_ Permit Issue Date \_\_\_\_\_