



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

## Electrical 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
<b>Explain Other:</b>	New	\$ _____
	Remodel	
	Repair	<b>Estimated Completion Date</b> _____

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

_____ General Outlets (lights, switches, plugs) _____ Air Conditioner _____ Counter Range _____ Dishwasher _____ Disposal _____ Dryer _____ Electric Sign	_____ Exhaust Fan _____ FA Furnace _____ Freezer _____ Generator _____ Heater _____ Motor _____ Oven	_____ Range _____ Refrigerator _____ Sump Pump _____ Trash Compactor _____ Washer _____ Water Pump _____ Service Entrance (amps)
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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 _____
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