



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
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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
Explain Other:	New	\$ _____
	Remodel	Estimated Completion Date _____
	Repair	

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

_____ Air Conditioner Units	_____ Floor Furnace	_____ Refrigeration Units
_____ Air Handler Units	_____ Forced Air Systems	_____ Rooftop Units
_____ Boilers	_____ Furnace	_____ Sprinkler System
_____ Commercial Range Hoods	_____ Gas Fixtures	_____ Wall Heater
_____ Duct Work	_____ Hood Fire Ext. System	

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 _____