

PLEASE PRINT OR TYPE

CITY OF OLATHE

ELECTRICAL / PLUMBING / HVAC PERMIT APPLICATION

 COMMERCIAL RESIDENTIAL

(Rental property: Work must be performed by a licensed contractor)

PERMIT # _____
(Office use)

Job Address: _____ **Zip Code:** _____

Owner: _____ **Phone:** _____

Owner Address: _____
(If different) Street City ST Zip

Type of Work:

Check One: Electrical () Plumbing () Mechanical ()

Utility Company:

Check One: KCPL () Westar () Atmos Gas ()

BRIEF JOB DESCRIPTION

(Include size and number of fixtures and/or appliances)

Comments to Examiner: _____

I hereby affirm that the information contained herein is true and correct to the best of my knowledge and agree to conform to all regulations of the CITY OF OLATHE covering this type of work. I understand failure to comply with these provisions may result in the revocation of this permit.

Applicant/Contractor: _____ **Applicant Signature**

Applicant/Contractor Email: _____

Company Address: _____ City: _____ ST: _____ Zip: _____

Phone Number: _____ Johnson County License No. _____

Date: _____ **Fees: Residential \$35.00 each /Commercial \$50.00 each**