



Plan Review/Licensing Division

PO Box 708
1 Riverfront Plaza, Suite 110
Lawrence, Kansas 66044
p. (785) 832-7700
f. (785) 832-3110

www.lawrenceneighres.org
buildinginspections@ci.lawrence.ks.us

ELECTRICAL, MECHANICAL, AND PLUMBING MISCELLANEOUS PERMIT

PLEASE ALLOW 2 BUSINESS DAYS FOR PROCESSING APPLICATION BEFORE CALLING FOR INSPECTION

Date: _____ Project Valuation: _____

Select Permit Type: Mechanical Electrical Plumbing

Select Building Type: Residential One/Two Dwelling Residential Apartment/Duplex Commercial
 Homeowner as Contractor (please complete this form and the Owner/Occupant Form on back)

Project Address: _____

CONTRACTOR INFORMATION

Business Name: _____

Address: _____
Address City State Zip Code

Phone No. _____ Cell Phone No. _____

E-Mail Address: _____

SUB-CONTRACTOR INFORMATION

Business Name: _____

Address: _____
Address City State Zip Code

Phone No. _____ Cell Phone No. _____

E-Mail Address: _____

DETAILED DESCRIPTION OF WORK:

(Attach appropriate information) _____

Please Print Name: _____

Signature of Applicant: _____

REQUESTED INSPECTION DATE: _____

OFFICE USE ONLY

Permit Cost: _____ Permit No. _____

Approved By: _____ Paid Staff Initials: _____



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Date: _____

I, _____, owner-occupant of the single-family dwelling at,

_____, wish to secure a permit to do

(please select) **Mechanical** **Electrical** **Plumbing**, on my premises.

All materials will be purchased and installed by myself according to the City code. I will reside in this dwelling for a minimum of one year from the date of completion.

It is my understanding that I/we may be required to obtain the services of a licensed contractor to complete the job in the event the Inspector determines there is a lack of ability to follow the code.

Print Name

Signature (Owner/Applicant)

WITNESSED BY:

Electrical Inspector

Plumbing Inspector

Mechanical Inspector

Inspection Supervisor

OFFICE USE ONLY

Permit No. _____