



Electrical Permit

Community Development/Planning Dept.
401 N. Madison St., Spring Hill, KS 66083
(913) 592-3657 • (913) 592-5040 FAX
planning@springhillks.gov • www.springhillks.gov

Permit No. _____
Permit Fee \$ _____

Owner of property _____
Property Address _____ County (circle one): *Johnson* or *Miami*
Use of building: _____ Zoning _____
Approximate cost of project (labor and materials) \$ _____

Contractor License Information

Electrical Contractor Name _____
Company Name _____
Contractor Address _____ City _____ State _____ Zip _____
Phone _____ E-mail _____
Johnson or Miami County License # _____

Service Size (Amps): _____ New Change

Special Conditions: _____

Describe work to be done: _____

I affirm that the information provided is true and correct, and I agree to conform to all regulations of the City of Spring Hill covering this type of work. I state that the work done is performed by the licensed contractor as stated above. I understand failure to comply with these provisions may result in the revocation of this permit and/or contractor license.

Applicant Name (print) _____ Applicant Signature _____

Address _____ Phone _____ Date _____

ELECTRICAL PERMIT

This electrical permit for the above-described electrical work is hereby approved, subject to all provisions outlined herein, and all work is performed to the current adopted edition of the National Electrical Code.

By _____

Date _____