



Mechanical 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

Mechanical Contractor Name _____

Company Name: _____

Contractor Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Johnson or Miami County License # _____

New furnace, water heater or air conditioner-describe _____

Replacement of furnace, water heater or air conditioner-describe _____

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 _____

MECHANICAL PERMIT

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

By _____

Date _____