



Plumbing 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 \$ 50.00

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

Plumbing Contractor Name _____

Company Name _____

Contractor Address _____ City _____ State _____ Zip _____

Phone _____ E-mail _____

Johnson or Miami County License # _____

New plumbing fixture or drainage system (*description of work*): _____

Repair or alteration to existing plumbing system (*description of work*): _____

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 _____

PLUMBING PERMIT

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

By _____

Date _____