



# 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 \$ <u>50.00</u>

Owner of property \_\_\_\_\_

Property Address \_\_\_\_\_

County:  Johnson  Miami      Use of building: \_\_\_\_\_ Zoning \_\_\_\_\_

Approximate cost of project (labor and materials) \$ \_\_\_\_\_

### Contractor License Information

Company Name: \_\_\_\_\_

Mechanical Contractor 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 Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant Name (print) \_\_\_\_\_

## 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.

Approved By \_\_\_\_\_

Date \_\_\_\_\_