



# 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 \$ <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 \_\_\_\_\_

Plumbing Contractor 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): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NOTE: Please call before you dig by contacting the Kansas One-Call System at 811 or (800) 344-7233 to locate all local utility lines.**

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 \_\_\_\_\_

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

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

Date \_\_\_\_\_