



Building & Zoning Department  
215 S. Broadway, Louisburg, KS 66053  
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rwhitham@louisburgkansas.gov

**APPLICATION FOR PLUMBING PERMIT**

Date: \_\_\_\_\_ Permit # \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Property Owner Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Contractor: (Must be Licensed in Miami County)**

Contractor Name: \_\_\_\_\_

Contractor Address: \_\_\_\_\_

Contractor Phone: \_\_\_\_\_

Type of work: \_\_\_\_\_ New \_\_\_\_\_ Repair

Describe work to be done: \_\_\_\_\_

Estimated cost of construction: \_\_\_\_\_

*I, \_\_\_\_\_, hereby certify that the information provided herein is true and correct and that all Zoning Regulations shall be complied with. I certify that all contractors listed above are licensed under the Miami County, Kansas, Contractor Licensing Code. I further understand that any permit based upon false or incorrect statements of a material fact necessary to the issuance of the permit, shall be void.*

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**FEE**

Number of Fixtures \_\_\_\_\_  
Lawn Sprinkler \_\_\_\_\_  
Other \_\_\_\_\_

**Office Use Only**

\_\_\_\_\_ Amount \_\_\_\_\_ Receipt #

Assigned address: \_\_\_\_\_