



Building & Zoning Department  
215 S. Broadway, Louisburg, KS 66053  
913-837-5811 · louisburgkansas.gov  
rwhitham@louisburgkansas.gov

**APPLICATION FOR MECHANICAL 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**

Furnace \_\_\_\_\_  
A/C \_\_\_\_\_  
Heat Pump \_\_\_\_\_  
Water Heater \_\_\_\_\_  
Other \_\_\_\_\_

**Office Use Only**

\_\_\_\_\_ Amount

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

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