



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: _____