Permit No. _____
Code _____
Acct. _____

4

MECHANICAL PERMIT APPLICATION

Jurisdiction of Leavenworth, Kansas

Applicant to complete numbered spaces only

Job Address

1 Legal Deed	Lot No.	Block	Tract	☐ See Attached Sheet
2 Owner			Mailing Address	Phone
3 Contractor			Mailing Address	Phone
4 Architect or Designer			Mailing Address	Phone
5 Engineer			Mailing Address	Phone
6 Use of Building				
7 Class of Work	☐ New	☐ Addition	☐ Alteration	☐ Repair ☐ Change Out
8 Describe Work:				

Owner

Job Address

Type of Fuel: Oil ☐ Nat. Gas ☐ LPG ☐

SPECIAL CONDITIONS:

Application Accepted By	Plans Checked By	Approved Issuance By

NOTICE

THIS PEMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMMENCED WITHIN 180 DAYS OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER WORK IS COMMENCED.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHEATHER SPECIFIED HEREIN OR NOT. THE GRANTING OF THIS PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

Signature of Contractor or Authorized Agent (Date)

Signature of Owner (If Owner Builder) (Date)

PERMIT FEES

NO.	TYPE OF EQUIPMENT	FEE	
	Forced Air Systems-Btu/h M Ea.		
	Gravity Systems-Btu/h M Ea.		
	Floor Furnace		
	Wall Heaters		
	Unit Heaters		
	Gas-Fired A.C. Units-Btu/h		
	Air-Cond. Unites-HP Ea.		
	Refrigeration Units-HP Ea.		
	Boilers-Hp Ea.		
	Air-handling Unit		
	C.F.M		
	Evaporative Coolers		
	Ventilation Fan		
	Range Hood		
	Incinerator		
	Clothes Dryers		
	Fireplace		
	PERMIT $		
	TOTAL FEE $		

WHEN PROPERLY VALIDATED (IN THIS SPACE) THIS IS YOUR PERMIT

PLAN CHECK VALIDATION CK CA CC

PERMIT VALIDATION CK CA CC