

PERMIT NO:



**ELECTRICAL PERMIT APPLICATION**  
**Douglas County Zoning & Codes Department**  
 3755 E 25<sup>th</sup> Street, Lawrence, KS 66046 Phone: 785-331-1343 Fax: 785-842-1201  
 Website: <http://www.douglas-county.com>  
**[VOID UNLESS WORK STARTED WITHIN 180 DAYS]**

|                    |          |     |                        |          |       |       |
|--------------------|----------|-----|------------------------|----------|-------|-------|
| <b>OWNERS Name</b> |          |     | <b>PROJECT Address</b> |          |       |       |
| Mailing Address    |          |     | City                   | State KS | Zip   |       |
| City Lawrence      | State KS | Zip | Section                | Township | Range | Acres |
| Phone:             | Mobile:  |     | Subdivision            |          | Lot   | Block |
| Email:             |          |     |                        |          |       |       |

|                           |         |     |                               |         |     |  |
|---------------------------|---------|-----|-------------------------------|---------|-----|--|
| <b>GENERAL Contractor</b> |         |     | <b>ELECTRICAL Contractor*</b> |         |     |  |
| Address                   |         |     | Address                       |         |     |  |
| City                      | State   | Zip | City                          | State   | Zip |  |
| Phone:                    | Mobile: |     | Phone:                        | Mobile: |     |  |
| Email:                    |         |     |                               |         |     |  |

|  |  |  |   |  |   |  |
|--|--|--|---|--|---|--|
| <b>ELECTRICAL Permit for:</b>  |  |  | <b>TYPE Of Work:</b>  |  |   |  |
| Single Family <input type="checkbox"/> Temp Power <input type="checkbox"/>       |  |  | New Service <input type="checkbox"/>  |  |   |  |
| Mobile Home <input type="checkbox"/> Accessory Building <input type="checkbox"/> |  |  | Please indicate: Overhead <input type="checkbox"/> Underground <input type="checkbox"/>                       |  |   |  |
| Other <input type="checkbox"/> [Please Explain]                                  |  |  | Temp Power <input type="checkbox"/> Addition <input type="checkbox"/> Repair/Remodel <input type="checkbox"/> |  | Mobile Home <input type="checkbox"/> Generator <input type="checkbox"/> |  |
| Commercial <input type="checkbox"/> [Please Explain]                             |  |  | Other <input type="checkbox"/> [Explain]  |  |   |  |

**WORK Description:** [Describe in detail service size, area of rewire, e.g. floors, square feet, etc]

|                        |   |           |
|------------------------|---|-----------|
| <b>SIGNATURE/Agent</b> | <b>TOTAL- Estimated Cost of Project</b> | <b>\$</b> |
| <b>COMMENTS:</b>       |   |           |
|                        | <b>UTILITIES -</b>                      |           |
|                        | Electric Co                             |           |

\*Electrical, Plumbing and Mechanical Contractor shall be licensed pursuant to KSA 12-1508 et.Seq.

|  |  |                               |                                    |
|--|--|-------------------------------|------------------------------------|
| <b>Floodplain Area [if applicable]</b> | <b>Flood Elevation [if applicable]</b> | <b>Finish Floor Elevation</b> | <b>Hour Rating [if applicable]</b> |
|--|--|-------------------------------|------------------------------------|

**FOR OFFICE USE ONLY**

|                                     |                 |                        |           |                 |
|-------------------------------------|-----------------|------------------------|-----------|-----------------|
| <b>SITUS ADDRESS:</b>               |                 | <b>City</b>            | <b>KS</b> | <b>ZIP</b>      |
| <b>Plate:</b>                       | <b>PIN</b>      | <b>Zoning District</b> |           | <b>Township</b> |
| <b>Frontage Road Classification</b> | <b>Setbacks</b> | Front                  | Side      | Rear            |