

PERMIT NO:



**PLUMBING PERMIT APPLICATION**  
**Douglas County Zoning & Codes Department**  
3755 E 25<sup>th</sup> St, Lawrence, KS 66046 Phone: 785-331-1343 Fax: 785-842-1201  
Website: <http://www.douglascountyks.org/depts/zoning-and-codes>  
**[VOID UNLESS WORK STARTED WITHIN 180 DAYS]**

**[PLEASE CONTACT THE DOUGLAS COUNTY HEALTH DEPARTMENT [785.843.3060] PRIOR TO APPLYING FOR A PLUMBING PERMIT FOR PLUMBING PROJECT]**

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

<b>GENERAL Contractor</b>			<b>PLUMBING Contractor*</b>			
Address			Address			
City	State	Zip	City	State	Zip	
Phone:	Mobile:		Phone:	Mobile:		
Email:						

<b>PLUMBING Permit for:</b>		<input checked="" type="checkbox"/>	<b>TYPE Of Work:</b>			
Single Family*			Replace water heaters	<input type="checkbox"/>	Repair/alter piping	<input type="checkbox"/>
Commercial *						
Detached garage/accessory structure*			New installations for add-ons	<input type="checkbox"/>		
Other [Please Explain]			Other [Explain]	<input type="checkbox"/>		

**WORK Description:** [Describe in detail service size, area of require 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	
	Water Supply/Provider	
	Heat source [natural/propane gas, wood, etc.]	

\*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>
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**FOR OFFICE USE ONLY**

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