

# Plumbing Permit Application

## City of Council Grove, Kansas

*To be completed by Applicant...*

Owner

Job Address

|  |       |                          |        |
|--|-------|--------------------------|--------|
| Job Address:   |       |                          |        |
| Owner:   |       | Phone:                   |        |
| Mailing Address :  | City: | State:                   | Zip:   |
| Contractor:  |       | License No.:             |        |
| Mailing Address:   |       | City:                    | State: |
| Use of Building:   |       | Area (ft <sup>2</sup> ): |        |
| Class of Work (circle):      New          Addition          Alteration          Repair          Move          Remove |       |                          |        |
| Describe Work:   |       |                          |        |
|  |       |                          |        |
|  |       |                          |        |
|  |       |                          |        |

**NOTICE**

Separate permits are required for electrical, plumbing, mechanical and building. This permit becomes null and void if work or construction authorized is not commenced 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 whether specified herein or not. The granting of a 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.

**Permit not validated until Permit Fee is paid.**

**Signature of Contractor**  
*or Authorized Agent*

**Date**

**Signature of Owner**  
*(if owner builder)*

**Date**

***OFFICE USE ONLY***

Special Conditions:

|  |
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|  |
|  |
|  |
|  |
|  |

Permit No.:                      Approval Date:

Approved By:

***PERMIT FEES***

| Qty. | TYPE OF WORK                      | Fee |
|------|-----------------------------------|-----|
|      | Water Closet (toilet)             | \$  |
|      | Bathtub                           |     |
|      | Lavatory (wash basin)             |     |
|      | Shower                            |     |
|      | Kitchen Sink & Disposal           |     |
|      | Dishwasher                        |     |
|      | Laundry Tray                      |     |
|      | Clothes Washer                    |     |
|      | Urinal                            |     |
|      | Drinking Fountain                 |     |
|      | Floor – Sink or Drain             |     |
|      | Slop Sink                         |     |
|      | Sewer                             |     |
|      | Cesspool                          |     |
|      | Septic Tank & Pit                 |     |
|      | Water Heater                      |     |
|      | Waste Interceptor                 |     |
|      | Water Piping & Treating Equipment |     |
|      | Lawn Sprinkler System             |     |
|      | Vacuum Breakers                   |     |
|      | Gas Systems: No. of Outlets       |     |
|      |                                   |     |
|      |                                   |     |
|      |                                   |     |
|      |                                   |     |
|      |                                   |     |
|      |                                   |     |
|      |                                   |     |
|      |                                   |     |
|      |                                   |     |

**PERMIT ISSUING FEE | \$**

**PERMIT FEE: \$**