



Plumbing Permit

Community Development/Planning Dept.
401 N. Madison St., Spring Hill, KS 66083
(913) 592-3657 • (913) 592-5040 FAX
planning@springhillks.gov • www.springhillks.gov

Permit No. _____
Permit Fee \$ **50.00**

Owner of property _____

Property Address _____

County: Johnson Miami Use of building _____ Zoning _____

Approximate cost of project (labor and materials) \$ _____

Contractor License Information

Company Name _____

Plumbing Contractor Name _____

Contractor Address _____ City _____ State _____ Zip _____

Phone _____ E-mail _____

Johnson or Miami County License # _____

New plumbing fixture or drainage system (description of work): _____

Repair or alteration to existing plumbing system (description of work): _____

NOTE: Please call before you dig by contacting the Kansas One-Call System at 811 or (800) 344-7233 to locate all local utility lines. Dig Safe # _____

I affirm that the information provided is true and correct and I agree to conform to all regulations of the City of Spring Hill covering this type of work. I state that the work done is performed by the licensed contractor as stated above. I understand failure to comply with these provisions may result in the revocation of this permit and or contractor license.

Applicant Signature _____

Applicant Name (print) _____ Date _____

PLUMBING PERMIT

This plumbing permit for the above-described work is hereby approved, subject to all provisions outlined herein, and all work is performed to the current adopted edition of the International Plumbing Code.

Approved By _____

Date _____