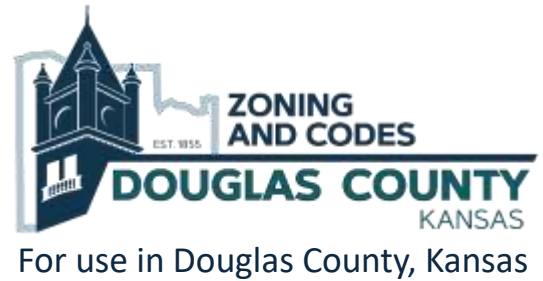


# Plumbing Permit Application

## Douglas County Zoning and Codes

3755 E 25th St, Lawrence, KS 66046  
zoning@dgcoks.gov



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***Void unless work starts within 180 days***

Permit Number

*Please contact the Douglas County Health Department prior to applying for a plumbing permit for a plumbing project.*

### Owner Information

Primary Owner Full Name

Street Address

City State Zip

Phone Number Email Address

### Property Information

Street Address

City State Zip

Section Township

Range Acreage

Subdivision Lot Block

### Contractor Information

*General Contractor*

Full Name

Street Address

City State Zip

Phone Number Email Address

*Plumbing Contractor*

Full Name

Street Address

City

State

Zip

Phone Number

Email Address

Plumbing Permit Use (check all that apply)

Single

Commercial

Detached garage/accessory structure

Other

If other, please explain

Type of Work

Replace water heaters

Repair/alter piping

New installations for additions

Other

If other, please explain

Describe the work to be performed in detail (service size, area of require e.g. floors, square feet, etc.)

Total

Estimated Cost of Project \$

Signature

Authorized Representative/Owner

Comments

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