

### PERMIT APPLICATION

316-321-9100 phone 316-322-4450 fax  
engineering@eldoks.gov

Please complete Items 1-10

1. \_\_\_\_\_ 2. \_\_\_\_\_  
Address (where work will be done) Legal Description/Parcel ID # (if no address)

3. \_\_\_\_\_  
Owner of Property Mailing Address Phone

4. \_\_\_\_\_  
Contractor Mailing Address Phone

5. \_\_\_\_\_  
Field Contact Name Phone

6. Class of Work       New       Addition       Alteration/Remodel  
 Repair       Demolition       Other \_\_\_\_\_

7. Describe Work: \_\_\_\_\_  
\_\_\_\_\_

8. Value of Project \$ \_\_\_\_\_ Are you Paying for trade permits? \_\_\_\_\_

9. Will there be electrical, plumbing, or mechanical work? \_\_\_\_\_ *If YES, please indicate contractor's name(s):*

Electrical \_\_\_\_\_ Plumbing \_\_\_\_\_

Mechanical \_\_\_\_\_ Roofing \_\_\_\_\_

#### **Applicant Please Read**

I hereby certify that I have read and examined this application and know the same to be true and correct. **I hereby certify that I have been authorized by the owner to act as his agent in applying for and obtaining this permit prior to work being initiated.** All provision 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.

10. *Signature of Applicant* \_\_\_\_\_ Date \_\_\_\_\_

Credit Card #

\_\_\_\_\_  
Visa, MasterCard or Discover      Expiration month & year      CVV (3 digits on back)

-----*Staff Use Only*-----

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_ Permit No. \_\_\_\_\_