

Building Department

PERMIT APPLICATION

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

Please complete Items 1-10

1.	2.					
	Address (where work	will be done)	2. Legal Description/Parcel ID #			
3.						
	Owner of Property		Mailing Address Ph		none	
4.	Contractor		ailing Address	Phone		
	Contractor	IVI	aning Address	PHONE		
5.	Field Contact Name			Phone		
6.	Class of Work	□ New	☐ Addition [☐ Alteration/Re	model	
		□ 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):						
ElectricalPlumbi		Plumbing	gMechanical			
aut and give		examined this application agent in applying to the force will be complied provisions of any other.	for and obtaining this per ed with, whether specified l er state or local law regular	the true and correct. I he mit prior to work being therein or not. The granting construction or the	ng initiated . All provision of laws ting of a permit does not presume to	
Visa, MasterCard or Discover		ver	Expiration month & ye		CVV (3 digits on back)	
Zo		oancy	Type of Constr	uction	Flood Plain	
Approved By:			Date:	Permi	t No	
	pproved By:					