City of Ottawa

Community Development Department

101 S. Hickory
P.O. Box 60
Ottawa, KS 66067
Phone: (785) 229-3620
Fax: (785) 229-3625
E-mail communitydevelopment@ottawaks.gov
Web Site www.ottawaks.gov

Electrical, Mechanical, & Plumbing Permit Application

Inspections: Please call for inspection 24 Hours in advance.

Project Address:_____ Date:_____

Select Permit Type: ☐ Electrical ☐ Plumbing ☐ HVAC Mechanical

Select Building Type: ☐ Residential ☐ Commercial (May need plans stamped & sealed by a Kansas Licensed Engineer)

☐ Homeowner as Contractor (please complete this form and the Owner/Occupant form on back)

Owners Information:

Name:_____

Address:_____
Address City State Zip Code

Phone No._____ Cell Phone No._____

E-Mail Address:_____

Contractors Information:

Name:_____

Address:_____
Address City State Zip Code

Phone No._____ Cell Phone No._____

E-Mail Address:_____

Subcontractor:_____

Detailed Description of Work:_____

_____

_____

_____

The contractor certifies that the proposed work is authorized by the owner and the contractor is authorized by the owner to make this application as his agent.

Signature of Owner/Contractor:_____

Please Print Name:_____

Permit Cost:_____ Approved by:_____
Date

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Homeowner -- Occupant
Electrical, Mechanical, & Plumbing Permit Application

Date:_____

I, _____, owner-occupant of the single-family dwelling at, _____, wish to secure a permit to do:

(please select) ☐ **Electrical** ☐ **Plumbing** ☐ **HVAC Mechanical**, on my premises.

Except gas piping and connection to City sewer line, digging in right-of-way, and change of electric service.

All materials will be purchased and installed by myself according to the City code. I will reside in this dwelling for a minimum of one year from the date of completion.

It is my understanding that I/we may be required to obtain the services of a licensed contractor to complete the job in the event the Inspector determines there is a lack of ability to follow the applicable construction code.

_____
Print Name

_____
Signature of Owner

Approved by:_____
Date