

DATE RECEIVED: _____

PERMIT NO. _____

DATE ISSUED: _____

CITY OF CARBONDALE
OFFICIAL

FEE: \$25.00

INSPECTION FEE: \$40.00

Total Permit & Fee \$65.00

CONTRACTORS PERMIT

CARBONDALE, KANSAS

(See Carbondale Planning Commission Regulation.)

Re-inspection \$20.00 ea

THIS PERMIT

IS GRANTED TO _____

Licensed (Plumbing, Electrical etc.,) Contractor

Phone Number _____

Address: _____

Signature _____

Electrical

Plumbing

Other _____

Name of Land _____

Owner : _____

1. The location of the building or structure: _____

2. Type of work proposed: _____

3. Class of occupancy: _____

4. Class of constructions: _____

5. Kind of materials to be used: _____

6. Estimated cost of the work: \$ _____

7. Date work will commence: _____

8. Expected date of completion: _____

SAID PERMIT SHALL BE VALID FOR SIX (6) MONTHS FROM THE DATE OF ISSUANCE UPON COMPLETION APPLICANT SHALL NOTIFY THE ZONING ADMINISTRATOR IN WRITING OF SAID COMPLETION.

APPROVED

DENIED

OWNER'S SIGNATURE OR DESIGNEE* DATE

ZONING ADMINISTRATOR

DATE

ADDRESS

MAYOR

DATE

PHONE #

*A LICENSED PLUMBER OR ELECTRICIAN MAY SIGN AS DESIGNEE FOR OWNER

REVISED 9/2009