



City of Larned
Building Inspections
417 Broadway
Larned, KS 67550
(620) 285-8500

Electrical Permit Application

Application Date _____

Property Information

Street Address	City, State	Zip
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Owner Information

First Name	Last Name	Phone
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Street Address	City	State	Zip
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Contractor Information

Name	Phone
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Project Information

Project Description	Type of Work	Estimated Cost
	New	\$ _____
Explain Other:	Remodel	
	Repair	Estimated Completion Date _____

Indicate the number of outlets being installed for each of the items below:

General Outlets (lights, switches, plugs)	Exhaust Fan	Range
Air Conditioner	FA Furnace	Refrigerator
Counter Range	Freezer	Sump Pump
Dishwasher	Generator	Trash Compactor
Disposal	Heater	Washer
Dryer	Motor	Water Pump
Electric Sign	Oven	Service Entrance (amps)

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent. I also certify that the information provided is correct and that I will comply with all zoning regulations, as well as all City, State and Federal requirements. A permit issued upon false statement of any fact, which is material to the issuance of a permit, shall void said permit. Permits and/or Certificates of Occupancy, when issued, DO NOT NULLIFY ANY DEED RESTRICTIONS OR EASEMENTS VALIDLY FILED OF RECORD. In addition, I agree to install appropriate erosion control measures in order to avoid dirt, sand and other material from accumulating within public street right-of-ways. I also agree that if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

Signature	Date
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Office Use Only	Permit Fee \$ _____	Permit # _____	Permit Issue Date _____
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