

City of Great Bend  
 Building Inspections  
 1205 Williams Street  
 Great Bend, KS 67530  
 (620) 793-4106  
 (620) 793-4146

# Electrical Permit Application



Application Date \_\_\_\_\_

- 2006 IBC
- 2006 IFC
- 2005 NEC
- 2006 UMC
- 2006 UPC

## Property Information

Street Address	City, State	Zip
----------------	-------------	-----

## Owner Information

First Name	Last Name	Phone	
Street Address	City	State	Zip

## Contractor Information

Name	Phone
------	-------

## Project Information

Project Description	Type of Work	Estimated Cost
<input type="checkbox"/> Single Family	<input type="checkbox"/> New	\$ _____
<input type="checkbox"/> Duplex	<input type="checkbox"/> Remodel	
<input type="checkbox"/> Multi Family	<input type="checkbox"/> Repair	
<input type="checkbox"/> Detached Garage		Estimated Completion Date _____
<input type="checkbox"/> Shed		
<input type="checkbox"/> Deck		
<input type="checkbox"/> Commercial		
<input type="checkbox"/> Other		

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

<input type="checkbox"/> General Outlets (lights, switches, plugs)	<input type="checkbox"/> Exhaust Fan	<input type="checkbox"/> Range
<input type="checkbox"/> Air Conditioner	<input type="checkbox"/> FA Furnace	<input type="checkbox"/> Refrigerator
<input type="checkbox"/> Counter Range	<input type="checkbox"/> Freezer	<input type="checkbox"/> Sump Pump
<input type="checkbox"/> Dishwasher	<input type="checkbox"/> Generator	<input type="checkbox"/> Trash Compactor
<input type="checkbox"/> Disposal	<input type="checkbox"/> Heater	<input type="checkbox"/> Washer
<input type="checkbox"/> Dryer	<input type="checkbox"/> Motor	<input type="checkbox"/> Water Pump
<input type="checkbox"/> Electric Sign	<input type="checkbox"/> Oven	<input type="checkbox"/> 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
-----------	------

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