

**City of Great Bend
Building Inspections
1217 Williams Street
Great Bend, KS 67530
(620) 793-4106**

Electrical Permit Application



Application Date _____

2018 IBC/IRC
2018 IFC
2017 NEC
2018 UMC
2018 UPC

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
<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		
<input type="checkbox"/> Shed		
<input type="checkbox"/> Deck		
<input type="checkbox"/> Commercial		
<input type="checkbox"/> Mobile Home		
<input type="checkbox"/> Other		

Estimated Completion Date

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 (Microwave)	<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 _____