

CITY OF BALDWIN CITY - CODES DEPARTMENT

Planning & Development/1015 Orange Street/POB 86 Baldwin City, KS 66006/(785) 594-6907/(785) 594-6522

Submit On-line Permits, Questions: codesdepartment@baldwincity.gov

INDIVIDUAL TRADE PERMIAPPLICATIONS WILL NOT BE				<u>D</u>	
PROJECT NAME:					
PROJECT ADDRESS:					
TYPE OF WORK: Mechanical Plumbing (Check if applica) Reconnect Plumbing New or Replacement Elec	☐ Solar Energy ble) ☐ New Water S ☐ Reconnect Gas trical (Service-Size):	Service	☐ Hydrostatic Tes	t □ Other	
DESCRIPTION OF WORK: _					
Construction Documents P	rovided: □ Yes □ No	ESTIM	ATED PROJECT VAL	_UE: \$	
Contractor/Company Name:			Dhono #:		
Email Address:	Phone #: St: Zip: License Expiration Date: License Jurisdiction:				
Address:		City:		St: Zip:	
License #:	License Expiratio	n Date:	License Jurisdi	ction:	
Property Owner:			<u></u>		
Contact Name:		Phone #:			
Email Address:				St: Zip:	
				<u> </u>	
Sub-Contractor:			Contact:		
Address:		City:	St:	Zip:	
Company Name:Address:Office Phone #:	Cell Phone #:		Email:		
Trade:	License #:		License Expiration	Date:	
License Jurisdiction:					
Company Name:			Contact:		
Company Name: Address: Office Phone #: Trade:		City:	St: _	Zip:	
Office Phone #:	Cell Phone #:		Email:	- D-4	
License Jurisdiction:	License #:		License Expiration	1 Date:	
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	ion shall conform to the 200 contractor is responsible for				
I hereby affirm that the information of City of Baldwin City covering this type					
Applicant Signature:			Date:		
Application Received By: C/R Permit #	Date Receive Permit Received	ed: by:	Code Edition:		
Electrical □ Plumbing □ Med Total Permit Fees: \$	cnanicai ⊔ Solar ⊔ Water -	⊔ Gas Pres	sure ⊔ Koot ⊔ Sewe	er u Hyaro u Other	