

**City of Ulysses**

**Plumbing Permit Application**

115 West Grant Avenue, Ulysses KS, 67880 | phone 620-356-3300 fax 620-356-4840 | www.cityofulysses.com

Building Site Address

Owner

Contact Info (Address and Phone)

Contractor (☐ To be Billed)

Contact Info (Address and Phone)

Estimated Value of Project (Materials and Labor)

**Type of Project:** (See 2018 IBC Section A 107.1/ 2018 IMC A 106.3.1 for full details of submittal documents)

☐ Commercial ☐ Industrial ☐ Residential

**Plumbing Work:**

- ☐ \_\_\_ \$20.00- Gas Service Line
- ☐ \_\_\_ \$20.00- Sewer Service Line
- ☐ \_\_\_ \$15.00- Sprinkler System
- ☐ \_\_\_ \$100.00- Waste Water/ Septic System (County Wide)
- ☐ \_\_\_ \$15.00- Water Heater Replacement
- ☐ \_\_\_ \$20.00- Water Service Line
- ☐ \_\_\_ \$15.00- Water Softener Replacement
- ☐ \_\_\_ \$25.00- Permit Fee

**Fixtures New Construction:**

- |   |  |
|---|--|
| <input type="checkbox"/> ___ \$2.00- Auto Washers               | <input type="checkbox"/> ___ \$2.00- Lavatories      |
| <input type="checkbox"/> ___ \$2.00- Dishwasher                 | <input type="checkbox"/> ___ \$2.00- Showers         |
| <input type="checkbox"/> ___ \$2.00- Drinking Fountains         | <input type="checkbox"/> ___ \$2.00- Sinks/ Mop Sink |
| <input type="checkbox"/> ___ \$2.00- Fireplace/ Furnace         | <input type="checkbox"/> ___ \$2.00- Sump Pump       |
| <input type="checkbox"/> ___ \$2.00- Floor Drain                | <input type="checkbox"/> ___ \$2.00- Tubs            |
| <input type="checkbox"/> ___ \$2.00- Garbage Disposer           | <input type="checkbox"/> ___ \$2.00- Urinal          |
| <input type="checkbox"/> ___ \$2.00- Gas Outlet                 | <input type="checkbox"/> ___ \$2.00- Water Closets   |
| <input type="checkbox"/> ___ \$2.00- Grease Trap/ Gryer/ Boiler | <input type="checkbox"/> ___ \$2.00- Water Heater    |
| <input type="checkbox"/> ___ \$2.00- Hydrant                    | <input type="checkbox"/> ___ \$2.00- Water Softeners |
| <input type="checkbox"/> ___ \$2.00- Ice Maker                  | <input type="checkbox"/> ___ \$2.00- Other           |
| <input type="checkbox"/> ___ \$2.00- Laundry Tub                | Total permit fee: ___ =                              |

**A double fee will be applied if work begins or is in progress before permit. Permit void in 6 months if work has not commenced. Permit is void in 2 years if work has not been completed.**

Applicant Signature

Date (DD/MMM/YYYY)

OFFICE USE ONLY: Permission is hereby granted to perform the work included in this application. This permit shall not be constructed to permit any violation of applicable laws, regulations, ordinances, and codes.

Approved by

Date (DD/MMM/YYYY)

24 hour notice, by phone verification, is REQUIRED for **ALL** inspection requests. **NO** work shall be backfilled unless approved by the Building Official or his/her designated agent.

Requested inspection time for emergency work ONLY: \_\_\_\_\_