

ELECTRICAL PERMIT APPLICATION
CITY OF DERBY, KANSAS

Permit # _____ Date: _____ (Job Cost) \$ _____

Permit Fee: \$ _____

Issuance: \$ _____ 25.00

TOTAL: \$ _____

NAME OF BUSINESS (if applicable) _____

ADDRESS OF WORK: _____ UNIT# _____

PROPERTY OWNERS NAME: _____

ELECTRICAL COMPANY _____

COMPANY ADDRESS: _____
Street City Zip

FAX NUMBER _____ MOBILE OR OFFICE# _____

BRIEFLY DESCRIBE THE PROPOSED WORK:
(THIS SECTION SHALL BE COMPLETED)

Qualified/Licensee Signature

Date