

**City of Anthony**  
**124 S Bluff Avenue / P.O. Box 504**  
**Anthony, Kansas 67003**  
**Ph. 620-842-5960**  
**Fax 620-842-5753**

**MECHANICAL PERMIT APPLICATION**

Permit # \_\_\_\_\_-M-\_\_\_\_\_ Date \_\_\_\_\_

—

**PROPERTY OWNER:**

**MECHANICAL CONTRACTOR:**

\_\_\_\_\_ NAME \_\_\_\_\_

—

\_\_\_\_\_ ADDRESS \_\_\_\_\_

—

\_\_\_\_\_

—

\_\_\_\_\_ PHONE \_\_\_\_\_

—

Job Site Address \_\_\_\_\_ Start Date \_\_\_\_\_

—

TYPE OF STRUCTURE (Residence, Restaurant, Retail, etc.): \_\_\_\_\_

—

PROJECT DESCRIPTION: (new construction, repair, replace) \_\_\_\_\_

—

COST OF PROJECT \_\_\_\_\_ PERMIT FEE \$ \_\_\_\_\_

—

Units (Please indicate each size of unit)

Furnace (less than 100K BTU's): \_\_\_\_\_ Ventilation Fans: \_\_\_\_\_

—

Mechanical Exhaust Hood: \_\_\_\_\_ Furnace (over 100K BTU's): \_\_\_\_\_

—

Suspended/Recessed/Floor Heater: \_\_\_\_\_ Incinerators: \_\_\_\_\_

—

Boilers/Compressors: \_\_\_\_\_ Air Handling Units: \_\_\_\_\_

—

Cooling/Refrigeration Units: \_\_\_\_\_ Evaporative Coolers: \_\_\_\_\_

—

Additional relevant information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

APPLICANT NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

—

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**OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE**

DESIGNS SUBMITTED \_\_\_\_\_

\_\_\_\_\_

PLAN REVIEW APPR. \_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_

IS DEVELOPMENT IN THE FLOODPLAIN YES\_\_\_ NO\_\_\_

If Yes, is a Signed Floodplain Development Permit Attached YES\_\_\_ NO\_\_\_

REMARKS OR NOTES \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Permit Approved by: \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_

**INSPECTION CERTIFICATE**

Rough-In Inspection Approved by: \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_

Final Inspection Approved by: \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_

THIS IS TO CERTIFY that the \_\_\_\_\_ and apparatus installed in the \_\_\_\_\_

for \_\_\_\_\_ at \_\_\_\_\_ for \_\_\_\_\_

\_\_\_\_\_ service has been inspected and according to the requirements of the ordinances of the City of Anthony, Kansas and is hereby approved.

*NOTE: Any alterations, additions or changes on or in any pipe, fixtures, appliances or devices in place and ready for service at this date and covered by this certificate without a permit from the City Development Services Department to do the same, will render this certificate void, the work subject to condemnation, the service disconnected, and the party or parties violating, subject to the penalty provided by ordinance.*

REMARKS OR NOTES \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Dated this \_\_\_\_\_ day of \_\_\_\_\_,

20

\_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_

Contractor Signature: \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_