

Planning & Development Services | Building Safety Division 1 Riverfront Plaza | Suite 320 | Lawrence, KS 66044 Office (785) 832-7700 | Fax (785) 832-3110 <u>buildinginspections@lawrenceks.org</u>

Owner/Occupant Form

Planning & Development	Services Building Safety Division	www.lav	vrenceks.org/pds/building-safety
Date:			
		owner/occupant for the s	single-family dwelling at located
at		, wish to secure a per	mit to do
☐ Building	☐ Mechanical	☐ Electrical	☐ Plumbing
	rials will be purchased and installed fone year from the date of complet		e City code. I will reside in this
,	at I/we may be required to obtain the determines there is a lack of ability		ontractor to complete the job
Owner/Applicant Signatur	e:		
Name (Print):			
Signature of Witness:			
Name of Witness:			

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