

City of Andover  
1609 E Central Ave  
Andover, KS 67002



Phone (316) 733-1303  
(316) 977-9422  
Fax (316) 977-9482  
[bldg-insp@andoverks.com](mailto:bldg-insp@andoverks.com)

**FEE: \$50.00**

**CITY OF ANDOVER**  
**IRRIGATION / BACKFLOW PREVENTER PERMIT APPLICATION**

PROJECT ADDRESS \_\_\_\_\_

OWNER NAME & PHONE \_\_\_\_\_

CONTRACTOR NAME \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_

CLASS OF WORK:      \_\_\_\_\_ New                      \_\_\_\_\_ Alteration                      \_\_\_\_\_ Major Repair

INSTALLATION DATE \_\_\_\_\_ USE OF BUILDING \_\_\_\_\_ Residential / Commercial / Industrial \_\_\_\_\_

HOOKED TO \_\_\_\_\_ CITY WATER / WELL\*

\*The qualified person performing the electrical sub-work for the well connection, is required to pull an electrical permit in order to request the inspection required by code.

**PERMIT APPROVAL REQUIRED BEFORE STARTING ANY WORK**

*I/we, the undersigned hereby certify and know that I/we have examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complies with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.*

The QUALIFIED PERSON must always sign.

\_\_\_\_\_  
(Print) Name of Contractor

\_\_\_\_\_  
Signature of Contractor                      Date

\_\_\_\_\_  
(Print) Name of Owner

\_\_\_\_\_  
Signature of Owner                      Date