

Application for Gas Permit

Date _____

Telephone 479-521-5760

Fax 479-521-7780

BUILDING PERMIT # _____

OWNER/BUILDER _____

SITE ADDRESS _____

GAS CONTRACTOR _____ MUST PROVIDE COPY OF LICENCE

CONTRACTOR MAILING ADDRESS _____

Type of Building: Residential Units _____ Commercial Units _____ Other units _____
New _____ Addition _____ Alteration _____ Repair _____

NATURAL GAS OPENINGS

FIRST FIVE (5) GAS OPENINGS. 50.00

THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 6 MONTHS AT ANY TIME AFTER WORK IS COMMENCED.

I HEREBY CERTIFY THAT I HAVE READ AND 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 COMPLIED 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.

EST. VALUATION \$ _____ AR CONT. LIC # _____ EXP. DATE _____

SIGNED _____ MASTER LIC _____ EXP DATE _____

This information is subject to release under Arkansas' freedom of information legislation.