

**City of Greenland
#8 E. Ross St.
P.O. Box 67
Greenland, AR 72737**

Telephone 479-521-5760
Fax 479-521-7780

APPLICATION FOR MECHANICAL PERMIT

BUILDING PERMIT # _____ DATE _____

BUILDING CONTRACTOR/OWNER _____

SITE ADDRESS _____

H/A CONTRACTOR _____ PHONE _____

CONTRACTOR MAILING ADDRESS _____

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

Definition: UNITS – a product of equipment used in heating and air conditioning, refrigeration, ventilation, or process cooling and heating system.

EACH UNIT..... 50.00 _____
INITIAL INSPECTION

Minimum permit fee \$50.00 TOTAL FEE \$ _____

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 provision 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 regulation construction of the performance of construction.

EST. VALUATIONS\$ _____ AR CONT. LIC # _____ EX DATE _____

SIGNED _____ MASTER LICENSE # _____ EX DATE _____