

# 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.**