



CITY OF GREENLAND
PO Box 67
Greenland, AR 72737

MECHANICAL PERMIT NUMBER: _____

SITE ADDRESS: _____

OWNER NAME: _____

OWNER ADDRESS: _____

CONTRACTOR NAME: _____

CONTRACTOR ADDRESS: _____

CONTRACTOR PHONE: _____

ARKANSAS LICENSE: Name: _____

LICENSE: _____ EXP DATE: _____

BUILDING INFORMATION:

| | | | |
|--------------|-------------|-------------|---------|
| RESIDENTIAL: | COMMERCIAL: | OTHER: | |
| NEW: | ADDITION: | ALTERATION: | REPAIR: |

VALUATION: _____

PERMIT FEE: \$75

PRINTED NAME: _____

SIGNATURE: _____

DATE: _____

INSPECTOR'S APPROVAL: _____ **DATE:** _____