

**CITY OF BETHEL HEIGHTS
PLUMBING PERMIT APPLICATION**

530 SUNRISE DRIVE
BETHEL HEIGHTS, AR 72764
(479) 751-0897

DATE APPLIED: ____/____/____

PROJECT ADDRESS: _____ LOT # _____ SUBDIVISION: _____

OWNER NAME: _____ PHONE (____) ____ - ____ CELL: (____) ____ - ____

CONTRACTOR: _____ PHONE (____) ____ - ____ CELL: (____) ____ - ____

ADDRESS: _____

CITY: _____

LICENSE #: _____ EXPIRATION DATE: ____/____/____

PROPOSED USE: _____ DESCRIPTION OF WORK: _____

******* FEES *******

| ITEM | QUANTITY | UNIT COST | TOTAL |
|------------------------------|----------|--------------|----------|
| BASE FEE----- | | | \$ 10.00 |
| FIXTURE, FLOOR DRAIN OR TRAP | [____] | \$ 2.50 EACH | \$ ____. |
| GAS YARD LINE | [____] | \$ 5.00 EACH | \$ ____. |
| HOT WATER HEATER AND VENT | [____] | \$ 2.50 EACH | \$ ____. |
| IN HOUSE DRAINAGE PIPING | [____] | \$ 5.00 EACH | \$ ____. |
| IN HOUSE WATER PIPING | [____] | \$ 5.00 EACH | \$ ____. |
| WATER YARD LINE | [____] | \$ 5.00 EACH | \$ ____. |
| BACK FLOW ADDITION | [____] | \$ 2.50 EACH | \$ ____. |

TOTAL FEE DUE ----- \$ ____.

TOTAL FEES PAID ----- \$ ____.

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 STARTED.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS DOCUMENT 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. 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.

(SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT)

____/____/____
(DATE)

(PRINT APPLICANT NAME)

(APPROVED BY)

____/____/____
(DATE)

******* NOTE *******

TO SCHEDULE INSPECTIONS CALL 751-0897, 24 HOURS IN ADVANCE