

**CITY OF BETHEL HEIGHTS  
SEWER SYSTEM 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	TOTAL
INSPECTION FEE -----	\$ <u>35.00</u>
PERMIT FEE -----	\$ <u>30.00</u>
	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**