

**CITY OF BETHEL HEIGHTS
MECHANICAL 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: _____

THE BASE PERMIT FEE IS \$10.00. FEES FOR INSPECTING HEATING, VENTILATING, DUCT WORK, AIR CONDITIONING AND REFRIGERATION SYSTEMS SHALL BE \$10.00 FOR THE FIRST \$1,000.00 OR FRACTION THEREOF, OF THE VALUATION OF THE INSTALLATION PLUS \$2.00 FOR EACH ADDITIONAL \$1,000.00 OR FRACTION THEREOF.

JOB COST: \$ _____

RESIDENTIAL BASE FEE: \$ 50.00

COMMERCIAL BASE FEE: \$ 75.00

MECHANICAL PERMIT FEE SCHEDULE

Job Cost	Base Fee	+ Inspection Fee	+ Additional Due @ \$2.00/Per Thousand (or fraction thereof)	= Total Due
0 - \$1,000	\$10.00	\$10.00	0	\$20.00
\$1,001 - \$2,000	\$10.00	\$10.00	\$2.00	\$22.00
\$2,001 - \$3,000	\$10.00	\$10.00	\$4.00	\$24.00
\$3,001 - \$4,000	\$10.00	\$10.00	\$6.00	\$26.00
\$4,001 - \$5,000	\$10.00	\$10.00	\$8.00	\$28.00
\$5,001 - \$6,000	\$10.00	\$10.00	\$10.00	\$30.00
\$6,001 - \$7,000	\$10.00	\$10.00	\$12.00	\$32.00
\$7,001 - \$8,000	\$10.00	\$10.00	\$14.00	\$34.00
\$8,001 - \$9,000	\$10.00	\$10.00	\$16.00	\$36.00
\$9,001 - \$10,000	\$10.00	\$10.00	\$18.00	\$38.00

ADDITIONAL PER M: \$ _____

FEES DUE: \$ _____

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