

APPLICATION FOR RESIDENTIAL GAS PERMIT

City of Elkins, Arkansas
Inspection Division
348-B N. Center
Phone: 479-643-3696 Fax: 479-643-3368

BUILDING PERMIT # _____ DATE _____

OWNER/BUILDER _____

SITE ADDRESS _____

GAS CONTRACTOR _____ PHONE #: _____

CONTRACTOR MAILING ADDRESS _____

CONTRACTOR PHONE _____

NATURAL GAS OPENINGS

FIRST FIVE (5) GAS OPENINGS.....\$ 47.25
ADDITIONAL GAS OPENINGS..... @ \$1.31 EACH \$ _____
TOTAL: \$ _____

MINIMUM FEE \$47.25
RE-INSPECTION FEE \$42.00

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 COMPILED 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: _____
MASTER PLUMBER/ GAS FITTER