



# PLUMBING PERMIT APPLICATION

Available on-line at: <http://www.tontitown.com/pdfs/plumbper.pdf>

<b>Office Use Only:</b> Approved: <input type="checkbox"/> YES <input type="checkbox"/> NO Plans Checked: <input type="checkbox"/> YES <input type="checkbox"/> NO Approved By: _____ Date: _____ Permit # _____
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**THIS PLUMBING PERMIT ALONE DOES NOT SATISFY THE REQUIREMENTS SET FORTH BY THE CITY OF TONTITOWN WATER & SEWER COMMISSION. PLEASE CONTACT THE CITY OF TONTITOWN WATER & SEWER DEPARTMENT AT YOUR EARLIEST CONVENIENCE TO DETERMINE WHAT REQUIREMENTS, IF ANY, WILL BE REQUIRED BEFORE YOU WILL BE ENTITLED TO HAVE ACCESS TO WATER AND SEWER FROM THE CITY OF TONTITOWN.**

Please fill out this form completely, supplying all necessary information and documentation to support your request. **Your application will not be accepted until the application is completed and required information is provided.**

Please provide sketch plan with details sufficient to clarity to indicate nature and extent of work as outlined in Arkansas Plumbing code section 106.3.1.

**JOB ADDRESS:** \_\_\_\_\_ **Legal Desc.** \_\_\_\_\_ **Lot #** \_\_\_\_\_ **Block** \_\_\_\_\_ **Tract** \_\_\_\_\_  See Attached Sheet  
 Owner Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Mobile # \_\_\_\_\_ Fax # \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_

Contractor Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Mobile # \_\_\_\_\_ Fax # \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_ License # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Architect/Designer Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Mobile # \_\_\_\_\_ Fax # \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_ Registration # \_\_\_\_\_

**Check One**  Commercial  Residential **CLASS (Check One)**  New  Addition  Alteration  Repair  
 Use of Building: \_\_\_\_\_  
 Work Description: \_\_\_\_\_

If Commercial, Valuation of Work (Materials & Labor): \_\_\_\_\_  
 Special Conditions: \_\_\_\_\_

RESIDENTIAL FEES				COMMERCIAL FEES			
Item	Qty.	Unit Cost	Total	Item	Qty.	Unit Cost	Total
Base Fee	-	-	\$75.00	Base Fee	-	-	\$50.00
				Plus 1% of Job Cost up to \$10,000			
				Plus .5% of Job Cost from \$10,001 to \$20,000			
				Plus .25% of Job Cost from \$20,001 and above			
<b>Total Fees Due</b>				<b>Total Fees Due</b>			
<b>Total Fees Paid</b>				<b>Total Fees Paid</b>			

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 COMPLIED WITH WHETHER SPECIFIED HERIN 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. **PERMIT FEES WILL DOUBLE IF WORK BEGINS BEFORE PERMIT IS APPROVED AND/OR IF LINES ARE COVERED BEFORE INSPECTION HAS PASSED. REQUESTS FOR PLUMBING INSPECTIONS MAY BE MADE EITHER BY CALLING 479-361-2996 EXT 3 OR BY EMAILING ADMIN@TONTITOWNWS.COM**

Signature of Contractor or Authorized Agent _____ Date _____	<b>Office Use Only</b> Date Paid _____ Payment Type: <input type="checkbox"/> Cash <input type="checkbox"/> Credit Card _____ (last 4) <input type="checkbox"/> Check # _____
Signature of Owner (If Owner of Building) _____ Date _____	

