

CITY of CENTERTON

P.O. BOX 208
CENTERTON, AR 72719

MECHANICAL PERMIT

Project Information					
Address:			Subdivision:		Lot:
City:			State:		Zip:
Contractor Name:			Address:		
City:		State:	Zip:	Phone:	Cell:
Contractors License:			Exp.:	E-mail Address:	
Mechanical Fees					
Base Fee	\$50.00				
Valuation Cost x 0.005 =	\$				
Total Amount Due	\$ _____				

Notice: This permit is valid for **180 days** from date of issuance. Fees are **Non-Refundable** per City Ordinance 06-42.

I hereby certify that I have read and examined the 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 here in 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.

Print Name of Contractor or Owner of Property _____ Signature _____ Date _____

Reviewed for Code Compliance by _____ Date _____

Note: Inspection of Permit work may reveal code violations not discovered during plan review.