

CITY OF GRAVETTE
 MECHANICAL PERMIT APPLICATION
 604 First Ave SE
 GRAVETTE, AR 72736
 479-787-5757 479-530-3064
 (Refer to Ordinance# 11-03)

Application Date ___/___/___

Permit # _____

Project Address: _____

Owner Name: _____ Phone #: (____) _____ - _____

Contractor Name: _____ Phone #: (____) _____ - _____

Contractor Address: _____

City: _____ State _____ Zip _____

License # _____ Expiration Date: ___/___/___

Proposed Use: _____

Work Description: _____

THE BASE FEE IS \$40.00 FOR EACH INSPECTION (HEATING, VENTILATION, DUCT WORK, AIR
 CONDITIONING, REFRIGERATION SYSTEMS) AND A MINIMUM OF AT LEAST TWO INSPECTIONS REQUIRED.

Job Cost: _____	Re-inspections	\$40.00
	New Construction	\$80.00
	Replacement	\$40.00
	Additional Fee per City Inspector: \$ _____	
	Fees Due: \$ _____	
Application accepted by _____	Plans Checked by _____	Approved for Issuance by _____

THIS PERMIT BECOMES NULL AND VOID IF AUTHORIZED WORK OR CONSTRUCTION HAS NOT COMMENCED WITHIN 6 MONTHS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 6 MONTHS AT ANY TIME ONCE 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 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)

******All Inspections require 24- hour prior notice to the Building Inspection Division******