



Commercial Plumbing Permit

City of Centerton
 Department of Building Safety
 P.O. Box 208, Centerton, AR 72719
 Phone (479)795-2750 Ext . 202 or 201
 Email: buildingsafety@centertonar.us

Project Information

Address _____

Project Name _____

Plumbing Contractor Information	General Contractor or Business Owner Information
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Business Name _____

Name _____

Master Plumber Name _____

Address _____

License # _____ Exp. _____

City /State/Zip _____

Contractor's License # _____

Phone () _____ - _____

Address _____ St _____ Zip _____

Cell () _____ - _____

Phone () _____ - _____

Cell () _____ - _____

Email: _____

Commercial Fees

Quantity	Fixtures	Fee	Quantity	Fixtures	Fee	Amount Due
_____	Floor Drains	\$3.00 each	_____	Backflow Addition	\$3.00 each	Fixture Count Total _____ @ \$3.00 each = \$ _____
_____	Grease/Hair Trap	\$3.00 each	_____	Miscellaneous (not listed)	\$3.00 each	
_____	Drinking Fountain	\$3.00 each	_____	Water Yard Line	\$7.00 each	Yardlines/Piping Total _____ @ \$7.00 each = \$ _____
_____	Gas Openings	\$3.00 each	_____	Sewer Yard Line	\$7.00 each	
_____	Hot Water Heaters	\$3.00 each	_____	Gas Yard Line	\$7.00 each	Base Fee \$ 50.00
_____	Dishwasher	\$3.00 each	_____	Water In-Wall Piping	\$7.00 each	Total Due \$ _____
_____	Disposal	\$3.00 each	_____	Drainage In-Wall Piping	\$7.00 each	
_____	Washing Machine	\$3.00 each				
_____	Sinks/Lavatories	\$3.00 each				
_____	Bathtubs/showers	\$3.00 each				
_____	Water Closets/Urinals	\$3.00 Each				

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. APC 2018 and AFGC 2018

Contractor Signature _____ Print Name _____ Date _____

Department of Building Safety _____ Date _____