



Residential Mechanical/HVAC Permit

City of Centerton
 Department of Building Safety
 P.O. Box 208, Centerton, AR 72719
 Phone (479)795-2750 / Fax (479)795-2545
 Email: cmatherly@centertonar.us
 rcoffelt@centertonar.us

Project Information

Address _____ Subdivision _____
 Lot Number _____ Today's Date _____

Mechanical/HVAC Contractor Information	General Contractor or Home Owner Information
Business Name _____	Name _____
HVAC Licensee Name _____	Address _____
Address _____	City /State/Zip _____
City / State/ Zip _____	Phone () _____ - _____
Phone () _____ - _____	Cell () _____ - _____
Cell () _____ - _____	
Email: _____	
License # _____ Exp. _____	
<i>Load Calculation Submitted</i> _____	

Residential Fees

Bid / Cost Amount	\$ _____ x 0.005	\$ _____
	Base Fee	\$50.00
	Total Amount Due	\$ _____

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. AMC 2010

Contractor Signature _____ Print Name _____ Date _____

Department of Building Safety _____ Date _____