



Residential Plumbing 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 _____

Plumbing Contractor Information	General Contractor or Home Owner Information
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Business Name _____
 Master Plumber Name _____
 Address _____
 City /State/ Zip _____
 Phone () _____ - _____
 Cell () _____ - _____
 Email: _____
 License # _____ Exp. _____

Name _____
 Address _____
 City /State/Zip _____
 Phone () _____ - _____
 Cell () _____ - _____

Residential Fees

Item	Quantity	Cost	Item	Quantity	Cost	Item	Quantity	Cost
Floor Drains	_____	\$3.00 ea	Bathtubs	_____	\$3.00 ea	Water Yard Line	_____	\$7.00
Grease Trap	_____	\$3.00 ea	Lavatories	_____	\$3.00 ea	Sewer Yard Line	_____	\$7.00
Drinking Fountain	_____	\$3.00 ea	Water Closets	_____	\$3.00 ea	Gas Yard Line	_____	\$7.00
Gas Openings	_____	\$3.00 ea	Urinals	_____	\$3.00 ea	RPZ/Yard Hydrant Back Flow Addition	_____	\$3.00 ea
Hot Water Heater	_____	\$3.00 ea	Showers	_____	\$3.00 ea	Fixture Total Fees \$ _____ Base Fee \$50.00 Total Amount Due \$ _____		
Dishwasher	_____	\$3.00 ea	Water Piping	_____	\$7.00			
Disposal	_____	\$3.00 ea	Drainage Piping	_____	\$7.00			
Washing Machine	_____	\$3.00 ea	Miscellaneous No Listed	_____	\$3.00 ea			
Sinks	_____	\$3.00 ea						

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 2006 and AFGC 2006. **NO PLUMBING IS ALLOWED IN EXTERIOR WALLS**

Contractor Signature _____ Print Name _____ Date _____

Department of Building Safety _____ Date _____