



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 _____	
Mechanical/HVAC Contractor Information	General Contractor or Home Owner Information
Business Name _____ HVAC Licensee Name _____ Address _____ City / State/ Zip _____ Phone () _____ - _____ Cell () _____ - _____ Email: _____ License # _____ Exp. _____ Load Calculation Submitted _____	Name _____ Address _____ City /State/Zip _____ Phone () _____ - _____ Cell () _____ - _____ <div style="text-align: center; padding: 5px;"><u>Job Description - Per Energy Code</u></div> [] Herr's Testing (Requires 2 Inspection Viewing) [] Mastic Sealing or Tape
Residential Fees	
Bid / Cost Amount \$ _____ x 0.005	\$ _____
Herr's Testing - Per Energy Code - check box <input type="checkbox"/>	\$100.00
	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 _____	Revised 1-19-2018