



# Commercial 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: buildingsafety@centertonar.us

## Project Information

Address \_\_\_\_\_

Project Name \_\_\_\_\_

Plumbing Contractor Information	General Contractor or Business 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 (    ) \_\_\_\_\_ - \_\_\_\_\_

## Commercial Fees

Quantity	Fixtures	Fee	Quantity	Fixtures	Fee	Amount Due
_____	Floor Drains	\$3.00 each	_____	Backflow Addition	\$3.00 each	<b>Fixture Count Total</b> _____ <b>@ \$3.00 each = \$</b> _____
_____	Grease/Hair Trap	\$3.00 each	_____	Miscellaneous (not listed)	\$3.00 each	
_____	Drinking Fountain	\$3.00 each	_____	Water Yard Line	\$7.00 each	<b>Yardlines/Piping Total</b> _____ <b>@ \$7.00 each = \$</b> _____
_____	Gas Openings	\$3.00 each	_____	Sewer Yard Line	\$7.00 each	
_____	Hot Water Heaters	\$3.00 each	_____	Gas Yard Line	\$7.00 each	<b>Base Fee</b> <b>\$ 50.00</b>
_____	Dishwasher	\$3.00 each	_____	Water In-Wall Piping	\$7.00 each	<b>Total Due</b> <b>\$</b> _____
_____	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 2006 and AFGC 2006

Contractor Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Department of Building Safety \_\_\_\_\_ Date \_\_\_\_\_