



# Commercial Mechanical/HVAC 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 \_\_\_\_\_

Mechanical/HVAC Contractor Information	General Contractor or Business Owner Information
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Business Name \_\_\_\_\_  
 HVAC Licensee Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Phone (    ) \_\_\_\_\_ - \_\_\_\_\_  
 Cell (    ) \_\_\_\_\_ - \_\_\_\_\_  
 Email: \_\_\_\_\_  
 License # \_\_\_\_\_ Exp. \_\_\_\_\_

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City /State/Zip \_\_\_\_\_  
 Phone (    ) \_\_\_\_\_ - \_\_\_\_\_  
 Cell (    ) \_\_\_\_\_ - \_\_\_\_\_

***Load Summary Submitted*** \_\_\_\_\_

**Commercial Fees**

Valuation Amount (Bid)	\$ _____ x 0.005	\$ _____
Education Fee Valuation Amount (Bid)	\$ _____ x 0.0005	\$ _____
<b>Base Fee</b>		<b>\$50.00</b>
<b>Total Amount Due</b>		\$ _____

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. IMC 2021

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

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