

APPLICATION FOR HVACR PERMIT

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CITY OF ARKADELPHIA
 BUILDING DEPARTMENT
 700 CLAY STREET
 ARKADELPHIA, ARKANSAS 71923
 PHONE (870) 246-1818 • FAX (870) 245-3553

JOB ADDRESS:	PROPERTY USE: RESIDENTIAL ___ COMMERCIAL ___
APPLICANT:	FIRM NAME:
WORK TO BE DONE:	FIRM'S ADDRESS:
OWNER:	CITY: _____ STATE: _____ ZIP: _____
OWNER'S ADDRESS:	PHONE: () _____
CITY: _____ STATE: _____ ZIP: _____	LICENSE NO.: _____
PHONE: () _____	EXPIRATION DATE: _____

BASE PERMIT FEE IS: \$10.00.
 FEES FOR INSPECTING HEATING, VENTILATING, DUCTWORK, AIR CONDITIONING, AND REFRIGERATION SYSTEMS SHALL BE \$10.00 FOR THE FIRST \$1,000.00, OR FRACTION THEREOF, OF THE EVALUATION OF THE INSTALLATION;
 PLUS \$2.00 FOR EACH ADDITIONAL \$1,000.00 OR FRACTION THEREOF.

INSTALLATION COST/CONTRACT AMOUNT:	\$ _____
BASE FEE:	\$ <u>10.00</u>
INSPECTION FEE (INCLUDES 1ST \$1,000 OF JOB COST):	\$ <u>10.00</u>
\$2.00 FOR EACH ADDITIONAL \$1,000.00 OR FRACTION:	\$ _____
NON-RESIDENTIAL CONSTRUCTION SURCHARGE	\$ _____
<i>(.50 per \$1,000 contract/job amount)</i>	
TOTAL FEES DUE:	\$ _____

Comments or Remarks _____

Issuance of this permit shall be in accordance with Ordinance 0-10-02. Refunds will not be granted for invalid permits as set forth in Section 7. Permit will expire if work is not commenced within 180 days of issuance or if work is suspended or abandoned for 180 days after work is commenced. An extension may be requested in writing with justifiable cause demonstrated.

 Signature of Contractor or Authorized Agent _____
 Date

 Approved by _____
 Date

Receipt of \$ _____ is hereby acknowledged for the above permit.

Receipt # _____ Check # _____

 Received by _____
 Date