

CITY OF CONWAY, ARKANSAS

Department of Permit, Inspections & Code Enforcement
1201 Oak Street Conway, Arkansas 72032
Phone 501-450-6107 Fax 501-450-6144



Application for Plumbing Permit

Date of Application: _____ **Building Permit Number (if applicable):** _____

Property Address: _____ **Square Footage:** _____

Description of Work: Residential _____ (1 or 2 Family Dwellings) Commercial _____
New Construction _____ Accessory _____ Addition _____ Remodel _____

New Construction Permit Fee = .06 cents per square foot of covered area

Plumbing Contractor (Company): _____

Master Plumber's State License Number: _____

Site Contact Phone # _____

For Remodel, Renovation, Alterations and Repairs, list the proposed number of fixtures to be installed under this permit:

Minimum \$30.00 Plumbing Fee (covers rough & final inspection) + fees for fixtures as noted below:

#	Fixture	#	Fixture
	Above Ceiling and/or Additional Inspections		Water Heaters
	Plumbing Fixtures		

UNDER PENALTY OF INTENTIONAL MISREPRESENTATION AND/OR PERJURY, I declare that I have examined and/or made this application and it's true and correct to the best of my knowledge and belief. I agree to construct said improvement in compliance with all provisions for the applicable ordinances. I have been given authorization from the property owner to obtain this permit. I realize the information I have affirmed hereon forms a basis for the issuance of the permit herein applied for and approval of plans in connection therewith shall not be construed to permit any construction upon said premises or use thereon in violation of any applicable ordinance or to excuse the owner or his or her successors in title from complying therewith.

Applicant Signature

Notice

This permit becomes null and void if work or construction authorized is not commenced within 6 months, or if construction or work is suspended or abandoned for a period of 6 months at any time after work has commenced.