



**City of Gravette
PLUMBING PERMIT**

City of Gravette
604 First Ave SE
Gravette, AR 72736
P: 479-787-5757
F: 479-787-5018

| | |
|-------------------------|-----------------|
| Project address: | Property owner: |
| Property owner address: | Phone number: |

| | |
|------------------------------|--------------------|
| Contractor: | Phone number: |
| Mailing address: | Email address: |
| License number: | License exp. date: |
| Contractor's license Number: | License exp. date: |

MUST HAVE VALID MASTER'S LICENSE NUMBER

| |
|---|
| PERMIT TYPE |
| Residential |
| <input type="checkbox"/> New construction |
| <input type="checkbox"/> Remodel |
| <input type="checkbox"/> Gas line |
| <input type="checkbox"/> Water heater/vent |
| Commercial/Industrial |
| <input type="checkbox"/> New construction |
| <input type="checkbox"/> Remodel |
| <input type="checkbox"/> Gas line |
| <input type="checkbox"/> Water heater/vent |
| Submittal Checklist |
| <input type="checkbox"/> Permit application |
| <input type="checkbox"/> Copy of license |
| <input type="checkbox"/> Copy of gen. liability |
| <input type="checkbox"/> Copy of ADH approval |

PROJECT DETAILS

| | | | |
|-------------------------|-------------------|-----------------------|---------------|
| Project start date: | Project end date: | Finished square feet: | Project cost: |
| Description of project: | | | |

COPIES OF ANY HEALTH DEPARTMENT PAPERWORK MUST BE SUBMITTED TO THE CITY.

This permit becomes null and void if authorized work or construction has not begun within six months, or if construction or work is suspended or abandoned for a period of six months, at any time once work is started. I hereby certify that I have read and examined this document and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied whether specified herein or not. Granting 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.

SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT

PRINT NAME

DATE

FOR OFFICE USE ONLY

PLUMBING PERMIT FEES

| Item | Fee |
|--------------------------|---|
| Residential | \$120.00 |
| Multi-family | \$120.00 (each unit) |
| Commercial | \$120.00 |
| Miscellaneous | \$40.00 |
| Replacement water line | \$40.00 |
| Gas line | \$40.00 |
| Water heater replacement | \$40.00 |
| Back flow installation | \$40.00 |
| .000475% of total cost | Commercial Construction Surcharge for all commercial construction |

TOTAL FEES DUE:

PERMIT NUMBER _____