

**CITY OF FAYETTEVILLE**

**Building Safety Division**

113 West Mountain Street, Fayetteville, AR. 72701

Phone:479-575-8233

Fax 479-575-8243

Inspection Request:479-575-8236

Request Inspections on Line

<http://egov.accessfayetteville.org/building/>

Ask for your PIN #

**GAS APPLICATION**

BUILDING A/P NUMBER:

\_\_\_\_\_

OWNER/BUILDER:

\_\_\_\_\_

BUILDING SITE ADDRESS:

\_\_\_\_\_

PLUMBING CONTRACTOR

\_\_\_\_\_

CONTRACTOR ADDRESS:

\_\_\_\_\_

CONTRACTOR EMAIL:

\_\_\_\_\_

**NATURAL GAS OPENINGS**

FIRST FIVE (5) GAS OPENINGS.....

ADDITIONAL GAS OPENINGS..... @ each \_\_\_\_\_

WATER HEATER GAS VENT..... @ each \_\_\_\_\_

**Minimum Fee \$20.00**

**Total:** \_\_\_\_\_

**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 IS COMMENCED.**

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS 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 HEREIN 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 REGULATION CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

**ESTIMATED VALUATION:** \_\_\_\_\_ **ST. CONT. LIC. #:** \_\_\_\_\_ **EX. DATE:** \_\_\_\_\_

**SIGNED:** \_\_\_\_\_ **MASTER PL. #:** \_\_\_\_\_ **EX. DATE:** \_\_\_\_\_  
MASTER PLUMBER/GAS FITTER