

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 #:

MECHANICAL APPLICATION

BUILDING A/P NUMBER: _____

OWNER/BUILDER: _____

BUILDING SITE ADDRESS: _____

HVACR CONTRACTOR: _____

CONTRACTOR ADDRESS: _____

CONTRACTOR EMAIL: _____

CONSTRUCTION: Residential: Commercial: New: Addition: Alter: Repair:

UNIT: A product of equipment used in heating, air conditioning, refrigeration, and ventilation.

FIRST UNIT-----

ADDITIONAL UNITS----- @ each _____

GAS VENTS----- @ each _____

EXHAUST SYSTEMS----- @ each _____

REGISTERS UNDER SLAB----- @ 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 regulating construction or the performance of construction.

ESTIMATED VALUATION: _____ ST. CONT. LIC#: _____ EX. DATE: _____

SIGNED: _____ MASTER HVAC#: _____ EX. DATE: _____
MASTER HVAC