

**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 #

**PLUMBING APPLICATION**

BUILDING A/P NUMBER: \_\_\_\_\_

OWNER/BUILDER: \_\_\_\_\_

BUILDING SITE ADDRESS: \_\_\_\_\_

PLUMBING CONTRACTOR: \_\_\_\_\_

CONTRACTOR ADDRESS: \_\_\_\_\_

CONTRACTOR EMAIL: \_\_\_\_\_

INFO: Residential:  Dwelling Units: \_\_\_\_\_ Comm:  Tenant Units: \_\_\_\_\_ No. of Stories: \_\_\_\_\_

New:  Addition:  Alteration:  Repair:  Irrigation Line:  Separate Meter:

**PLUMBING FIXTURES:**

Showers: _____	Sinks: _____	Water Yard Line: _____
Tub w/ shower: _____	Dishwasher: _____	Sewer Yard Line: _____
Lavatories: _____	Garbage Disposal: _____	RPZ/Irrigation Line: _____
Water Closets: _____	Drinking Fountain: _____	Floor Drain: _____
Urinals: _____	Water Heater: _____	Grease Trap: _____
Washing Machine: _____	Other: _____	No. of other: _____

**Total Number of Fixtures:** \_\_\_\_\_

First Five Fixtures.....

Additional Fixtures..... @ each.....

Inspections Under Concrete..... @ each.....

**TOTAL:** \_\_\_\_\_

**Outside City Fee \$20.00 (please add \$20.00 fee if permit is outside city)**

**Total Fees Due City:** \_\_\_\_\_

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 PROVISION OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

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

SIGNED: \_\_\_\_\_ MASTER PL. #: \_\_\_\_\_ EX. DATE: \_\_\_\_\_  
MASTER PLUMBER