

Application for **Plumbing** Permit
Community Development
P.O. Box 428, Russellville, AR 72811
Phone # (479) 968-1002 Fax # (479) 968-6496

Today's Date: _____

Plumbers/Contractor/Home Owner (s) Name: _____

Plumbers/Contractor/Home Owner (s) Address: _____

PROPERTY ADDRESS: (where work is being done) _____

| | | | |
|------------------|------------------------|----------------------------------|-------------------------|
| Bath tubs (#) | _____ @ \$2.00 = _____ | Sinks (other than lavatories)(#) | _____ @ \$2.00 = _____ |
| Dishwasher (#) | _____ @ \$2.00 = _____ | Urinal (#) | _____ @ \$2.00 = _____ |
| Floor drains (#) | _____ @ \$2.00 = _____ | Washing machine (#) | _____ @ \$10.00 = _____ |
| Gas (#) | _____ @ \$2.00 = _____ | Water (#) | _____ @ \$2.00 = _____ |
| Inspections (#) | _____ @ \$2.00 = _____ | Water closets (#) | _____ @ \$2.00 = _____ |
| Lavatories (#) | _____ @ \$2.00 = _____ | Water heater (#) | _____ @ \$4.00 = _____ |
| Showers (#) | _____ @ \$2.00 = _____ | | |
| | | Total Permit | \$ _____ |

IF PERMIT IS GRANTED, I AGREE TO DO ALL WORK ABOVE IN STRICT COMPLIANCE WITH CITY AND STATE REGULATIONS.

SIGNED BY : _____, **LICENSED PLUMBER OR HOMEOWNER**