



CITY OF LITTLE ROCK
 DEPARTMENT OF PLANNING & DEVELOPMENT
 BUILDING CODES DIVISION
 723 WEST MARKHAM, 2ND FL
 LITTLE ROCK, AR 72201

APPLICATION FOR:
PLUMBING PERMIT

PHONE (501) 371-4841 OR (501) 371-4842
 FAX (501) 371-4546

| | | |
|-----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| <p>OFFICIAL USE ONLY</p> <p>PERMIT 2018 _____</p> <p>DATE ISSUED _____</p> <p>ISSUED BY _____</p> | <p style="text-align: center;">INSPECTIONS</p> <p style="text-align: center;">APPLICANT (Please Check)</p> <p><input type="checkbox"/> READY <input type="checkbox"/> WILL CALL</p> <p><input type="checkbox"/> SLAB <input type="checkbox"/> FINAL</p> <p><input type="checkbox"/> ROUGH <input type="checkbox"/> GAS</p> | <p style="text-align: center;">INSPECTOR'S COMMENTS</p> <p>_____</p> <p>_____</p> <p>_____</p> |
|-----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|

PROJECT ADDRESS: _____ **PROJECT NO.:** _____

LEGAL DESCRIPTION: LOT _____ BLOCK _____ SUBDIVISION _____

OWNER/TENANT: _____ TELEPHONE: _____

ADDRESS: _____ FAX: _____

CONTRACTOR: _____ LICENSE NO.: _____

ADDRESS: _____ TELEPHONE: _____

CLASS OF WORK: NEW ADDITION REPAIR ALTERATION OUT OF CITY

PROPOSED USE (OCCUPANCY): COMMERCIAL RESIDENTIAL MODULAR/MOBILE HOME 2ND PLUMBER

SQUARE FEET: _____ COMMENTS: _____

| DESCRIPTION | QTY. | UNIT COST | DESCRIPTION | QTY. | UNIT COST |
|----------------------------------------------------|------|-----------|--------------------------------------------------------------------------------------------------------|------|-----------|
| 1. EACH FIXTURE | | 5.15 | 12. ADD. OPNGS. <input type="checkbox"/> WHP <input type="checkbox"/> GHP <input type="checkbox"/> DWV | | 5.15 |
| 2. WATER SERVICE DOMESTIC | | 25.60 | 13. FLOOR FURNACE | | 15.45 |
| 3. WATER HOUSEPIPING | | 25.60 | 14. UNIT HEATER | | 15.45 |
| 4. WATER STANDPIPE (REQUIRING ADDITIONAL METER) | | 25.60 | 15. WALL FURNACE | | 15.45 |
| 5. BACKFLOW PREVENTION DEVICE | | 25.60 | 16. COMMERCIAL DRYER | | 15.45 |
| 6. SUMPS | | 7.20 | 17. COMMERCIAL RANGE | | 15.45 |
| 7. SWIMMING POOLS | | 12.35 | 18. WATER HEATER | | 15.45 |
| 8. RENEW SOIL LINE | | 7.20 | 19. MISCELLANEOUS | | 15.45 |
| 9. RENEW GAS VENTS | | 7.20 | 20. INSPECTIONS (REQUIRED) | | 20.50 |
| 10. GAS HOUSEPIPING | | 25.60 | 21. DATA PROCESSING FEE (REQUIRED) \$4 RES OR \$6 COMM | | |
| 11. DRAIN (TRUNK LINE ONLY) | | 15.00 | 22. INVESTIGATIVE INSPECTION | | 41.00 |

NOTICE: SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, GAS, PLUMBING AND HVACR WORK.

I hereby certify that the data submitted on or with this application is true and correct. Any deviation from information contained herein, unless approved by the Building Official will render this permit null and void.

 SIGNATURE OF CONTRACTOR, OWNER OR AGENT

 DATE

REVISED 1-15