



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) 371-4840 OR (501) 371-4842  
 FAX (501) 371-4546 EMAIL: [permits@littlerock.gov](mailto:permits@littlerock.gov)

OFFICIAL USE ONLY	INSPECTIONS	INSPECTOR'S COMMENTS
<b>PERMIT 2020</b> _____	<b>APPLICANT (Please Check)</b>  <input type="checkbox"/> READY <input type="checkbox"/> WILL CALL <input type="checkbox"/> SLAB <input type="checkbox"/> FINAL <input type="checkbox"/> ROUGH <input type="checkbox"/> GAS	_____
DATE ISSUED _____		_____
ISSUED BY _____		_____
		_____

**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

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

SQUARE FEET: \_\_\_\_\_ COMMENTS: \_\_\_\_\_

DESCRIPTION	QTY.	UNIT COST	DESCRIPTION	QTY.	UNIT COST
1. EACH FIXTURE		5.40	12. ADD. OPNGS. <input type="checkbox"/> WHP <input type="checkbox"/> GHP <input type="checkbox"/> DWV		5.40
2. WATER SERVICE DOMESTIC		26.95	13. FLOOR FURNACE		16.25
3. WATER HOUSEPIPING		26.95	14. UNIT HEATER		16.25
4. WATER STANDPIPE (REQUIRING ADDITIONAL METER)		26.95	15. WALL FURNACE		16.25
5. BACKFLOW PREVENTION DEVICE		26.95	16. COMMERCIAL DRYER		16.25
6. SUMPS		7.55	17. COMMERCIAL RANGE		16.25
7. SWIMMING POOLS		12.95	18. WATER HEATER		16.25
8. RENEW SOIL LINE		7.55	19. MISCELLANEOUS		16.25
9. RENEW GAS VENTS		7.55	20. INSPECTIONS (REQUIRED)		21.55
10. GAS HOUSEPIPING		26.95	21. DATA PROCESSING FEE (REQUIRED) \$5 RES OR \$7 COMM		
11. DRAIN (TRUNK LINE ONLY)		15.75	22. INVESTIGATIVE INSPECTION		43.05

**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 1-20