



CITY OF FAYETTEVILLE
Building Safety Division

Phone:479-575-8233
 Request Inspections on Line

125 West Mountain Street, Fayetteville, AR. 72701
 Fax 479-575-8202

Inspection Request:479-575-8233
 Ask for your PIN #

<http://ar-fayetteville.civicplus.com/296/applications>

OUTSIDE CITY PLUMBING APPLICATION

BUILDING A/P NUMBER: _____
 OWNER/BUILDER: _____
 BUILDING SITE ADDRESS: _____
 PLUMBING CONTRACTOR: _____
 CONTRACTOR ADDRESS: _____
 CONTRACTOR EMAIL: _____

WORK: New: Addtn: Alter Repair: **WATER/SEWER SERVICE:** New: Existing:
USE: Residential: Commercial: # of units: _____ # of stories: _____

Irrigation lines require separate permits: Hooking onto existing yard line: Separate Irrigation 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..... \$20.00
 Additional Fixtures..... @ \$1.75 each.....
 Inspections Under Concrete..... @ \$10.00 each.....

TOTAL: _____

Each Inspection Required = \$20.00 (Office Use Only) \$20 x # inspect _____ = _____

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 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

NOTE: 1ST RE-INSPECTION FEE = \$25, each thereafter will be doubled up to \$200 maximum.

Revised: 07/21/2016