APPLICATION FOR RESIDENTIAL MECHANICAL PERMIT

City of Elkins, Arkansas  
Inspection Division  
1874 Stokenbury Rd.

Phone: 479-643-3400 Fax: 479-643-3368

BUILDING PERMT # DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

SITE ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

H/A CONTRACTOR PHONE #: \_\_\_\_\_\_\_\_\_\_\_\_\_

CONTRACTOR MAILING ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Building:

Residential Units: Other Units:

New\_\_\_\_\_\_\_\_\_ Addition Alteration Repair\_\_\_\_\_\_\_\_\_\_\_\_\_

FIRST UNIT………………… \_\_\_\_\_\_\_\_$52.50

WATER HEATER VENTS.... $10.50 per vent\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TEMPORARY HEAT \_\_\_\_\_\_\_\_ $26.25 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDITIONAL UNITS \_\_\_\_\_\_\_\_$26.25 each\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MINIMUM PERMIT FEE $ 52.50 TOTAL FEE: \_\_\_\_\_\_\_\_\_\_\_\_\_

$\_\_\_\_\_\_\_\_

RE-INSPECTION FEE $42.00

IT IS A VIOLATION OF ELKINS MUNICIPAL CODE SECTION 11.25.01 TO CONNECT THE CONDENSATION DRAIN FROM AN HIVAC, AIR CONDITIONAR **REFRIGERATION** UNIT TO THE ELKINS SANITARY SEWER SYSTEM.

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 COMPILED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

EST. VALUATION: AH. CONT. LIC. # EXP. DATE: \_\_\_\_\_\_\_\_\_\_\_

SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_MASTER LIC. #: \_\_\_\_\_\_\_\_\_\_\_\_EXP. DATE: \_\_\_\_\_\_\_\_

MASTER HVACR