



Commercial Mechanical/HVAC Permit

City of Centerton
 Department of Building Safety
 P.O. Box 208, Centerton, AR 72719
 Phone (479)795-2750 / Fax (479)795-2545
 Email: buildingsafety@centertonar.us

Project Information

Address _____
 Project Name _____

Mechanical/HVAC Contractor Information

Business Name _____
 HVAC Licensee Name _____
 Address _____
 City/State/Zip _____
 Phone () _____ - _____
 Cell () _____ - _____
 Email: _____
 License # _____ Exp. _____

General Contractor or Business Owner Information

Name _____
 Address _____
 City /State/Zip _____
 Phone () _____ - _____
 Cell () _____ - _____

Load Summary Submitted _____

Commercial Fees

| | | |
|--------------------------------------|-------------------------|----------------|
| Valuation Amount (Bid) | \$ _____ x 0.005 | \$ _____ |
| Education Fee Valuation Amount (Bid) | \$ _____ x 0.0005 | \$ _____ |
| | Base Fee | \$50.00 |
| | Total Amount Due | \$ _____ |

I hereby certify that I have read and examined the 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 here in 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. AMC 2010

Contractor Signature _____ Print Name _____ Date _____

Department of Building Safety _____ Date _____