

MECHANICAL PERMIT APPLICATION

City of Springdale Buildings Department
201 Spring Street
Springdale, AR 72764
Phone: 479.750.8154 Fax: 479.756.7701



Date Submitted: _____

Phone #: _____

Building Permit #: _____

Building Contractor / Owner: _____

Site Address: _____

HVAC Contractors: _____

Contractor Mailing Address: _____

Type of Building:

Residential Units: _____ Commercial Units: _____ Other
Unit: _____

New: _____ Addition: _____ Alteration: _____ Repair: _____

DESCRIPTION OF WORK TO BE DONE: _____

EST. Valuation: \$ _____

AR. Cont. Lic# _____

Exp. Date: _____

Signature _____

Date _____

MASTER HVAC

FOR OFFICE USE ONLY

INSPECTOR APPROVAL _____

APPROVAL DATE _____

SETBACKS _____