

PLUMBING 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 Permits #: _____

Building Contractors/ Owner: _____

Site Address: _____

Plumbing Contractors: _____

Contractors Mailing Address: _____

Type of Building:

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

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

DESCRIPTION OF WORK TO BE DONE: _____

Valuation: \$ _____

AR. Cont. Lic # _____

Exp. Date: _____

Master Lic. _____

Exp. Date: _____

Signature _____ Date _____

MASTER PLUMBER

FOR OFFICE USE ONLY

INSPECTOR APPROVAL _____

APPROVAL DATE _____

SETBACKS _____