

CITY OF CONWAY, ARKANSAS

Department of Planning & Development
1201 Oak Street Conway, Arkansas 72032
J. Lynn Hicks, CBO - Building Official / Assistant Director of Permits,
Inspections & Code Enforcement
Phone 501-450-6107 Fax 501-450-6144



Application for Gas Permit

Date of Application: _____ **Building Permit Number (if applicable):** _____

Property Address: _____

Description of Work: New Construction ___ Accessory ___ Addition ___ Remodel ___

Square Footage: _____ **Estimated Cost of Work** _____

Gas Contractor (Company): _____

Master Plumber's State License Number: _____

Site Contact Phone # _____

For Remodel, Renovation, Alterations and Repairs, list the proposed number of fixtures to be installed under this permit:

#	Fixture	#	Fixture
	Gas		Yard Line

UNDER PENALTY OF INTENTIONAL MISREPRESENTATION AND/OR PERJURY, I declare that I have examined and/or made this application and it's true and correct to the best of my knowledge and belief. I agree to construct said improvement in compliance with all provisions for the applicable ordinances. I have been given authorization from the property owner to obtain this permit. I realize the information I have affirmed hereon forms a basis for the issuance of the permit herein applied for and approval of plans in connection therewith shall not be construed to permit any construction upon said premises or use thereon in violation of any applicable ordinance or to excuse the owner or his or her successors in title from complying therewith.

Applicant Signature

Notice

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 has commenced.