



City of Johnson Plumbing Permit Application

PO Box 563 · 2904 Main Drive
Johnson, Arkansas 72741
Phone: (479) 521-7291
FAX: (479) 521-7292

Permit Number: _____

NOTE 1: ALL APPLICATIONS MUST BE COMPLETELY FILLED OUT IN BLUE OR BLACK INK.
NOTE 2: A COPY OF THE DRIVERS LICENSE WILL BE TAKEN OF THE PERSON WHO SUBMITS THE APPLICATION TO THE CITY (THIS INFORMATION IS NEVER INCLUDED IN FOIA REQUEST).

Address of Job: _____

Lot #: _____ Block #: _____ Subdivision: _____

Owners Name: _____

Owners Address: _____

Contractors Name: _____

Contractors Address: _____

Contractors Phone(s): _____

Contractors License #: _____ Expires: _____

THIS SYSTEM WILL CONSIST OF:

Shower/Tub: _____	Water Closets: _____	Garbage Disposals: _____	Urinals: _____
Washing Machine: _____	Dishwasher: _____	Water Heaters: _____	Sinks: _____
Drinking Fountains: _____	Grease Trap: _____	Floor Drain: _____	RPZ: _____
Water Yard Line: _____	Sewer Yard Line: _____	Irrigation Line: _____	Other: _____

Total Number of Fixtures: _____

First Five Fixtures:..... **\$25.00**

Additional Fixture(s): _____ x **\$2.00** each

Number of Fixtures & Appliances That Will Be Gas: _____ x **\$8.00** each

Repair: _____ **Addition:** _____ **Alteration:** _____ **New Construction:** _____ (Please Check If Applicable)

(Minimum \$50.00) TOTAL: _____

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 STARTED.

ALL INSPECTIONS REQUIRE A MINIMUM 24 HOUR NOTICE. ALL INSPECTION ARE DONE MONDAY THROUGH FRIDAY AND CAN BE SET FOR AM OR PM ONLY.

APPLICANT: I, THE UNDERSIGNED APPLICANT, DO HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT; AND THAT I HAVE THE AUTHORITY TO MAKE THIS APPLICATION. ALL PROVISIONS OF LAW AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED 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 FEDERAL, STATE OR LOCAL LAW.

Signature: _____ Date: _____

Approved By: _____ Approval Date: _____