



City of Johnson Mechanical Permit Application

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

PERMITNUMBER: _____

NOTE: A CURRENT COPY OF MASTERS LICENSE AND CERTIFICATE OF INSURANCE LIABILITY MUST BE SUBMITTED AT TIME OF 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: _____

Contractors License: _____ Expires: _____

THIS SYSTEM WILL CONSIST OF:

Furnace, Air, Refrigeration Unit(s): _____ x \$20.00 each..... _____

Gas Vent(s): _____ x \$8.00 each _____

Exhaust System(s): _____ x \$2.00 each _____

Under Slab Vent/Register(s): _____ x \$10.00 each..... _____

Change Out(s): _____ x \$12.00 each _____

Repair: _____ Addition: _____ Alteration: _____ New Construction: _____ (Please Check One)

(Minimum Charge \$50.00} TOTAL: _____

HVAC CALCULATION MANUALS (J - RESIDENTIAL) OR (D & N - COMMERCIAL) MUST BE SUBMITTED AND BE SPECIFIC TO THIS JOB FOR YOUR APPLICATION TO BE CONSIDERED COMPLETE, AND MUST ALSO BE APPROVED BY THE BUILDING OFFICIAL.

THIS PERMIT BECOMES NULL AND VOID IF WORK OR AUTHORIZED CONSTRUCTION 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 INSPECTIONS 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.

Masters Signature: _____ Date: _____

Approved By: _____ Approval Date: _____